



# Delta Sigma Theta Sorority, Inc.

**Albany (NY) Alumnae Chapter**

**P.O. Box 5187**

**Albany, New York 12205**

Dear Applicant:

Thank you for your interest in the 2024 Scholar Incentive / Merit Award presented by the Albany (NY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., an international Greek-letter organization of college educated women having more than 1,000 chapters located in the United States and abroad. The mission of Delta Sigma Theta Sorority, Inc. is the constructive development of its members and public service with a primary focus on the Black community.

In keeping with our national organization's programmatic thrust of Educational Development and the promotion of high scholastic standards, we invite high school seniors who reside in the Capital District to apply for our awards. The application is posted on our website, [www.dstanya.org](http://www.dstanya.org) and may be downloaded if you need additional applications. Please note the criteria below:

- ▲ Comes from a group historically under-represented in higher education
- ▲ High school senior living in the Capital District
- ▲ Have B (80%) or higher average
- ▲ Pursuing post-secondary education at an accredited institution
- ▲ In need of financial assistance

Please submit a completed application with the required signatures, **two** letters of recommendation and official transcript submitted by March 24, 2024. Finalists will be interviewed in April 2024 via Zoom and the winners will be acknowledged in May 2024.

If you have any questions, please contact the Scholarship Co-Chairs, Dana M. Butler or Kierra Keyes-Parker at [scholarship.dstanya@gmail.com](mailto:scholarship.dstanya@gmail.com).

[www.dstanya.org](http://www.dstanya.org)

Delta Sigma Theta Sorority, Inc. Albany (NY) Alumnae Chapter  
SCHOLAR INCENTIVE / MERIT APPLICATION

**PERSONAL INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_

Number of persons at home (including yourself and other relatives): Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Number of dependents in college: \_\_\_\_\_

Do you have a job now? \_\_\_\_\_ If so, indicate where you work.

Describe any unusual financial situation that should be considered by the committee. (Example – excessive medical bills, loss of employment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**HIGH SCHOOL DATA**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Telephone: \_\_\_\_\_ Name of Counselor: \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES** (Attach additional sheets, if necessary)

List any extra-curricular activities you have participated in during high school. Include offices held, clubs, sports teams and honors received:

\_\_\_\_\_  
\_\_\_\_\_

**POST SECONDARY EDUCATIONAL PLANS**

Names of post-secondary institutions you have applied to:

\_\_\_\_\_  
\_\_\_\_\_

State your intended major: \_\_\_\_\_

**FINANCIAL AID**

List scholarships, grants and loans you have applied for:

| <b>Name of Aid</b> | <b>Sponsor/Source</b> | <b>Amount</b> |
|--------------------|-----------------------|---------------|
|--------------------|-----------------------|---------------|

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY INVOLVEMENT** (Attach additional sheets, if necessary)

List community organizations, groups and activities you have participated in and any special recognition you have received outside of school. Include church, Scouts, volunteer work, social groups, pageants, sports, etc. Indicate the length of time you participated in these activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL STATEMENT**

Please attach a personal statement explaining your educational goals and reasons for applying for this scholarship. Your personal statement should be typed and at least one page in length.

**RECOMMENDATIONS**

Two recommendations are required. One recommendation must come from a teacher or school official. The second letter may be from your coach, pastor or someone who is not a relative, who can speak about your character. Submit the letters in sealed envelopes with your application and other required documents by the deadline.

**TRANSCRIPT**

Submit an **OFFICIAL TRANSCRIPT** and include it with your application in a sealed envelope.

**SUBMIT THE REQUIRED DOCUMENTS IN ONE PACKAGE TO THE SCHOLARSHIP COMMITTEE, POSTMARKED BY**

**March 24, 2024**

**Scholarship Committee  
Albany (NY) Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P. O. Box 5187  
Albany, New York 12205**

**VERIFICATION:**

**We affirm that the information provided on this application is true to the best of our knowledge.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Primary Parent / Guardian Name (Please Print Clearly)**

\_\_\_\_\_  
**Primary Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

**\*\*\* Primary Preferred Parental Contact:** \_\_\_\_\_

**Check list:**

**Application:** \_\_\_\_\_ **Personal Statement:** \_\_\_\_\_ **Transcript:** \_\_\_\_\_ **Recommendations (2)** \_\_\_\_\_

**\*\*\* Your application will be considered INCOMPLETE if all items are not submitted by the application deadline.**