

DELTA SIGMA THETA SORORITY INC.
PHOENIX METROPOLITAN ALUMNAE CHAPTER
SCHOLARSHIP REQUIREMENTS

I. Eligibility Requirements

1. Be of African American/Black heritage or descent.
2. Be an Arizona resident.
3. Be currently enrolled in a Maricopa County High School as a graduating senior or enrolled at an accredited 4-year college or university as an undergraduate full-time student (12 semester hours or equivalent) and pursuing an undergraduate degree in the upcoming academic year.
4. Meet the minimum cumulative grade point average requirement of 3.0 on the standard scale of 4.0. Please provide a conversion of your grades to the "4.0 grading scale" if your high school, college or university uses a different scale.

II. Application Guidelines

1. Submit two (2) signed Letters of Recommendation. One must be from a current teacher or counselor, on letterhead from your high school, college or university. The other must be from a **non-relative** who is familiar with your academic achievements, community services and/or professional performances. Limit: 1 page for each letter.
2. List involvement in community service and extra-curricular activities.
3. Provide an official **Academic Transcript** (through the most recently completed semester). You must request that the registrar of your high school, college or university forward the transcript directly to you in a **sealed envelope** or to the Scholarship Committee at the mailing address below. **We will not accept student copies, unofficial transcripts and opened transcripts.**
4. Submit a current typed resume.
5. Submit a typed Personal Statement of at least 500 words, double-spaced, 12-point font, and one-inch margins. Your statement should specifically discuss the following:
 - a. Your current career goals and what steps you are planning to take to achieve them;
 - b. Your commitment to social justice - such activities may include organizing and/or providing leadership of groups for social action, planning or involvement in programs to address community issues or gathering resources to address a need;
 - c. Your personal knowledge of the work of Delta Sigma Theta Sorority, Inc. in the community; and
 - d. How receiving this scholarship will benefit you.

6. Submit a completed application packet by the deadline. Please type your responses, including "N/A" for items that do not apply to you. The application **MUST** be completed in its entirety, printed from the website and submitted with the items listed.
7. Scholarship recipients will be recognized at the Delta Sigma Theta Sorority, Inc, Phoenix Metropolitan Alumnae Chapter Scholarship Awards Program on Saturday, June 4, 2016. Recipients are required to attend in order to receive their scholarships. Funds will be disbursed to the recipient's college or university, Fall 2016, upon receipt of documentation of full-time enrollment at an accredited 4-year college or university.

Application must be postmarked by: February 29, 2016

Mail application and all accompanying materials to:

Delta Sigma Theta Sorority, Inc.

Phoenix Metropolitan Alumnae Chapter

Attn: Scholarship Committee

P.O. Box 25576

Phoenix, AZ 85002

Contact Info: Voice Mail 623-777-9DST or www.dstphoenixalumnae.org

It is the Applicant's responsibility to ensure that his/her registrar has had enough time (usually three to four weeks) to get the required items to you or to Delta Sigma Theta Sorority, Inc. The Scholarship Committee can only accept original documents. Faxed materials will not be accepted. Delta Sigma Theta Sorority, Inc. is not responsible for items lost or improperly handled by the mail carrier services.

Please plan carefully so that your application receives the consideration it deserves.

DELTA SIGMA THETA SORORITY, INC.

PHOENIX METROPOLITAN ALUMNAE CHAPTER

Scholarship Application

New Application

Continuing Application

Applicant Information

Name _____ Last _____ First _____ Middle _____

Permanent Address _____ Phone () _____

_____ City _____ State _____ Zip _____ Email _____

Mailing Address _____

_____ City _____ State _____ Zip _____

Gender: M F Birthdate _____ Age _____ Race/Heritage _____

School Information

High School Name _____

High School location _____ Address _____ City _____ State _____ Zip _____

College Attending _____

Location _____ Address _____ City _____ State _____

Overall GPA _____ Graduation Date _____ Major _____ Tuition Amount _____

SCHOLARSHIP BACKGROUND

Scholarships awarded including those covering the period of aid requested in this application (attach additional sheets if needed):

Source	From	To	Annual Amount

Activities

List your extra-curricular school and community activities (if additional space is required, attach one (1) 8 ½ x 11 typed sheet)

Community Service Activities:

Organization	Dates	Level of Participation (i.e. office held, honors, volunteer)

Extra-Curricular Activities:

Organization	Dates	Level of Participation (i.e. office held, honors, volunteer)

Awards/Recognitions

Award	Organization	Dates

Work Experience (Please provide work experience for the past three years)

Employer	Job Title	Duties	Dates

APPLICANT'S STATEMENT

In submitting this application, I certify that:

- I have met **ALL eligibility** requirements as outlined and acknowledge that misrepresentation of the information presented may be grounds to rescind the scholarship award. I also agree to inform the scholarship committee of any significant changes to that information.
- I am willing to appear for a personal interview and forward any additional information, if deemed necessary.
- I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc., Phoenix Metropolitan Alumnae Chapter.
- I will use the proceeds of any scholarship received for the payment of **tuition, required fees, room and board, and/or required materials** only.
- If I am awarded a scholarship, I will provide satisfactory evidence, as required by Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter, of my full-time enrollment during the period(s) for which the scholarship is awarded.
- I will attend the Scholarship Awards program.
- I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes in all Delta Sigma Theta Sorority, Inc. publications.
- I agree to the release of official transcripts of my grades to Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter.

Print Name _____

Signature _____

_____ Date