

**Delta Sigma Theta Sorority, Inc.  
Madison Alumnae Chapter  
P.O. Box 2672, Madison, WI 53701  
Scholarship Application 2018**



**Applicant Profile**

Directions for completing this application: Applications must be typed (word-processed) and complete. Applications will not be considered if they are handwritten.

***\*\*Children of Delta Sigma Theta members are ineligible to apply for this scholarship\*\****

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

**Gender:** Male / Female (Circle One)      **Race/Ethnicity:** \_\_\_\_\_

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

**Student E-mail Address:** \_\_\_\_\_

**Parent E-mail Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Cell Phone:** \_\_\_\_\_

**Local High School Attending:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Cumulative GPA** (*Please enclose current official transcript*): \_\_\_\_\_

**List colleges/universities you have been accepted to:**



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**What do you plan to study in college and what are your current thoughts for a career path? Why?  
Please limit your response to 250 words.**

**If you have not yet selected a major or career, please discuss the areas you intend to explore in college.  
Please limit your response to 250 words.**



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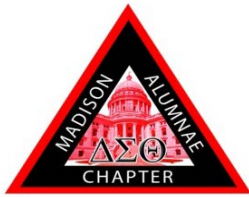


**List extra-curricular activities and community/volunteer services(s) in which you have been involved. Be sure to include dates of participation and location.**

**List honors or awards and dates received:**

*Attach additional sheets if necessary.*

For full scholarship consideration, we must receive a complete application package by Monday, April 16, 2018  
Must have a cumulative 2.5 grade point average to apply



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## Personal Statements

***Please respond to both questions. Questions should be addressed in no more than 2 pages per question. Only typed application forms will be accepted and those that are handwritten will not be considered.***

1. Describe how your community/volunteer service(s) experiences have impacted your life.
  2. If you were to develop a new public service program to meet the needs of our community, what would the program be and why?
- 

## Letter of Community/Volunteer Service Verification

### Written by a Community Organization Representative on Official Letterhead

(Please enclose a **sealed** letter of recommendation with application) - *Note: Letters should **not** be written by a family member.*

#### **The letter should include the following:**

1. Name of organization, on official company letterhead
2. Name and position of person providing information
3. Length of time the applicant has been involved in the organization
4. Explanation of the applicant's involvement in the organization
5. List of current and past role(s) and/or responsibilities of the applicant
6. Outline of the applicant's accomplishments in the organization
7. Address letter to the committee as a whole (e.g. Dear Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Scholarship Committee)

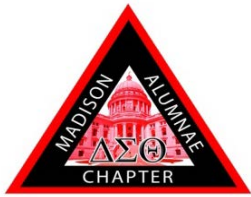
## Letter of Recommendation

### Written by a School Official on Official Letterhead

(Please enclose a **sealed** letter of recommendation with application) - *Note: Letters should **not** be written by a family member.*

#### **The letter should include, but is not limited to the following:**

1. Name and position of person providing recommendation
2. Context in which the person providing the recommendation knows the applicant
3. Length of time the person providing the recommendation has known the applicant
4. Name of school, office or district on official letterhead
5. Address letter to the committee as a whole (e.g. Dear Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Scholarship Committee)



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## Verification Form

By completing this application, I am acknowledging that the final decision of scholarship recipients will be decided by the Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and no other entity. The Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is not responsible for any late or misdirected applications or other materials if they are not received by Monday, April 16, 2018. Nor will any handwritten or incomplete applications be reviewed for scoring. Only applications completed in their entirety will be scored. All submissions are subject to a final verification including, but not limited to the **c u r r e n t** official high school transcript(s), letters of recommendation(s) and community/volunteer service(s).

\_\_\_\_\_  
Applicant Name

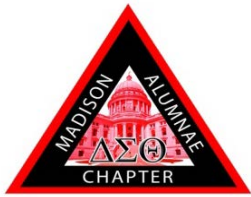
\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Legal Guardian  
(for applicants under 18 years old)

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for applicants under 18 years old)

\_\_\_\_\_  
Date



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## **Name and Photo Publication Permission**

I hereby give the Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., the right and permission to use, with respect to any photographs that have been taken of me in groups in which I may be included:

- a) To copyright the same in their own name or any other name they may choose;
- b) To use, reuse, publish, and republish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and educational information.

I release and discharge the Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

The Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., may publish my name if I am selected as a scholarship recipient.

I am over the age of 18. I have read the information above and fully understand and agree to the contents thereof.

\_\_\_\_\_  
**Applicant Name**

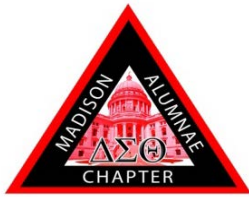
\_\_\_\_\_  
**Applicant Signature**

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

\_\_\_\_\_  
**Name of Parent or Legal Guardian  
(for applicants under 18 years old)**

\_\_\_\_\_  
**Parent or Legal Guardian Signature  
(for applicants under 18 years old)**

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



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## **Application Checklist**

*Applications must be typed (word-processed) and complete. The following documentation must accompany the application.*

- Typed Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Application (must be received by the deadline, Monday, April 16, 2018)**
- Must have a **cumulative 2.5 grade point average**
- Current **Official** High School Transcript (**Sealed in an Envelope**)
- What Do You Plan to Study in College and Your Current Thoughts for a Career Path
- Discuss the Areas You Intend to Explore in College
- List Extra-Curricular Activities and Community/Volunteer Services
- Describe Your Personal Interests and Hobbies
- List Your Honors or Awards and Dates Received
- Two Personal Statements Essays
- Letter of Recommendation from a Community Organization Representative (i.e. food pantry director, community service club advisor, etc.). **Sealed in an envelope with the application.**
- Letter of Recommendation from a School Official (i.e. guidance counselor, teacher with whom you have completed at least two classes, etc.). **Sealed in an envelope with the application.**
- Guidelines for Letters of Recommendations (give this handout to the person who is writing your letter of recommendation)
- Signed Verification Form**
- Current Photo
- Signed Name and Photo Publication Permission**



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## **Guidelines for Letters of Recommendations**

Letters of recommendation are due on **Monday, April 16, 2018** to the Madison Alumnae Chapter Delta Sigma Theta Sorority, Inc., sealed in an envelope with the application. Please submit two (2) letters of recommendation from persons who can comment on your work, your achievements, your community service and/or your plans for the future. One letter must be written by a community organization representative such as the community service club advisor or food pantry director. The second letter must be written by a school official such as the guidance counselor or a teacher with whom you have completed at least two classes. Letters should not be written by a family member.

## **Letter of Community/Volunteer Service Verification**

### ***Written by a Community Organization Representative on Official Letterhead***

(Please enclose a **sealed** letter of recommendation with application) - *Note: Letters should **not** be written by a family member.*

#### **The letter should include the following:**

1. Name of organization, on **official company letterhead**
2. Name and position of person providing information
3. Length of time the applicant has been involved in the organization
4. Explanation of the applicant's involvement in the organization
5. List of current and past role(s) and/or responsibilities of the applicant
6. Outline of the applicant's accomplishments in the organization
7. **Address letter to the committee as a whole** (e.g. Dear Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Scholarship Committee)

## **Letter of Recommendation - Written by a School Official on Official Letterhead**

(Please enclose a **sealed** letter of recommendation with application) - *Note: Letters should **not** be written by a family member.*

#### **The letter should include, but is not limited to the following:**

1. Name and position of person providing recommendation
2. Context in which the person providing the recommendation knows the applicant
3. Length of time the person providing the recommendation has known the applicant
4. Name of school, office or district on official letterhead
5. **Address letter to the committee as a whole** (e.g. Dear Madison Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Scholarship Committee)

*Delta Sigma Theta Sorority, Inc. is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world.*