

DELTA SIGMA TIETA SORORITY, INC.

Allentown Alumnae Chapter

P.O. Box 0745

Allentown, PA 18105

allentowndst@yahoo.com

2018 Scholarship Application

*Scholarships will be awarded to students of color who are pursuing a four-year college degree

Please type and complete this application in its entirety.

I. Personal

Name _____ Date of Birth ____/____/____

Address _____
Street City County ZIP

Phone() _____ Alternate Phone () _____

E-mail Address _____

High School (presently
Attending) _____

High School Counselor _____

Current GPA _____ (Please send an official transcript)

II. School and Community Activities

Organizations	Dates Active	Offices Held

III. Honors/Awards received while attending high school

IV. College Information

Anticipated

Major _____

V. Personal Statement

Include career interest, goals and any other information that may assist us in awarding you this scholarship. (use additional paper if necessary)

VI. Essay

On a separate paper write a 500-word essay (typed and double spaced)

1. How will a college education aid you in achieving your immediate and long term goals?
Please be sure to cite at least three goals and provide specific details.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Application Checklist

I have included the following: (please check each to confirm)

- Completed Application**
- Official Transcript**
- Personal Statement**
- Personal Photo**
- Essay**
- Signature on Application**
- One letter of recommendation, one from a teacher or from your guidance counselor who has knowledge about your motivation for academic success. They must not be related to you.**

**Send all materials to: Delta Sigma Theta Sorority, Inc.
Allentown Alumnae Chapter
P.O. Box 0745
Allentown, PA 18105**

*******Applications must be postmarked no later than March 31, 2018**

DELTA SIGMA THETA SORORITY, INC.
ALLENTOWN ALUMNAE CHAPTER
SCHOLARSHIP AWARD
RECOMMENDATION

Applicant's Name _____

Name of Recommending person _____

Relationship to Applicant _____

Thank you for completing this application. The applicant is applying for a scholarship from the Allentown Alumnae Chapter of Delta Sigma Theta Sorority, and your input will be important in our selection process.

Please include the following information in your response: manner and length of time you have known the applicant, why you feel this applicant will be successful in his/her college pursuits, and any other attributes you feel he or she possesses that will contribute to achieving academic excellence. You may use the space below or attach your response on a separate sheet of paper.

Please return your recommendation in a sealed envelope to the applicant for inclusion in the application packet, or you may forward it directly to:

Delta Sigma Theta Sorority, Inc.
Allentown Alumnae Chapter
ATTN: Scholarship Committee
P.O. Box 0745
Allentown, PA 18105

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