# DELTA SIGMA THETA SORORITY, INC



2024-2025 School Year

DELTA SCHOLARSHIP APPLICATION Must be POSTMARKED by February 14, 2025

#### DELTA SIGMA THETA SORORITY, INC

Delta Sigma Theta Sorority, Inc. is an organization of college-educated women committed to the constructive development of its members and to public service with a primary focus on the Black community. Information about Delta Sigma Theta Sorority, Inc. may be found at www.deltasigmatheta.org

#### SCHOLARSHIP AWARDS

The Lake Charles Alumnae Chapter of Delta Sigma Theta Sorority, Inc., a public service sorority, gives a \$4000 scholarship in two installments: \$2,000 in August and \$2,000 in January) to a graduating high school senior from its service area of Calcasieu Parish. This scholarship will be awarded based on academic performance and community service.

#### ELIGIBILITY REQUIREMENTS

To be considered for a Delta scholarship, the applicant must:

- Be a resident in Calcasieu Parish.
- Be a graduating senior May 2025
- Enter a four-year university or college as a full-time freshman in the Fall of 2025
- Must have at least a 3.0 GPA

#### APPLICATION PROCEDURE

APPLICATION MUST BE FILLED OUT IN THE FILLABLE PDF. To be considered for a scholarship, a completed application <u>MUST</u> be POSTMARKED February 14th and RECEIVED in the chapter's post office box. Applications POSTMARKED after the February 14th deadline date will not be considered.

Your completed application must include the following:

1. Scholarship Application Form (Application must be postmarked, signed and dated).

#### 2. Two Letters of Recommendation

- (A) **One letter** of recommendation **MUST BE** from the applicant's **Parent/Guardian** expressing financial need.
- (B) **One letter** of recommendation, can be from a school counselor, teacher, OR principal <u>ON OFFICIAL</u> <u>LETTERHEAD</u>,

OR

(C) from a member of the clergy or organizational sponsor in correct letter format.

#### The letter of recommendation must include:

- a. the length of time the person completing the recommendation has known the applicant,
- b. in what capacity and
- c. include additional comments regarding intellectual ability, maturity, motivation and/or interpersonal skills.
- d. contact information for your references.
- 3. An OFFICIAL high school transcript (raised school seal must be inserted) should be either.

(1) mailed directly from your school to the address below, or

(2) mailed by you in an envelope sealed by a school official, with the official's signature or the school stamp across the sealed/taped portion of the envelope.

If instructions for transcript submission are not followed, the application will be disqualified, and applicant is no longer in the running for the scholarship.

- 4. Copy of ACT/SAT Composite Scores
- 5. An essay addressing the following topic: "*Where I See Myself in 10 Years*". must be 5 paragraphs containing at least 500 words, using 12-point Times New Roman font. The essay will be evaluated/assessed based on content, grammar, presentation, and writing skills ability.

Mail all completed applications with official transcript (see transcript requirements above), ACT/SAT scores and two letters of recommendations (see requirements above) POSTMARKED by February14th and RECEIVED in the chapter's post office box. Applications POSTMARKED after the February 14th deadline will not be considered.

Delta Sigma Theta Sorority, Inc Attn: Scholarship Chair P.O. Box 386 Lake Charles, LA 70602

Interviews are conducted within six weeks of the deadline for selected applicants. Finalists must participate in an interview wearing business attire to be given further consideration.

## Personal Information (Please Type) Name of Student (Last, First, Middle)

		_		
Sex $\Box$ Male $\Box$ Female		Date of Birth		
Permanent Address				
City	State		Zip	
			-	
Home Phone Number	Cell Phone Nu		iber	
Email Address			@	
Mother/Guardian		Phone Number		
Father/Guardian		Phone Number		
School Information (Please Type)				
me of High School City/		State		
Date of Graduation				

Date of Senior Awards Day/Night

College Application (Please Type)				
List Colleges/Universities Which You Have Applied for Entry:				
University/College	University/College			
University/College	University/College			

Proposed Area of Interest/College Major

Please list your years of participation in extracurricular activities. If you held a different position during your time in an organization, please list that time separately.

### Extracurricular Activities (Please Type)

List in order of importance to you all the high school extracurricular activities in which you have participated with the number of years you participated. (Include leadership/offices) \*

Activities	Year(s) of Participation # Of Years	Position
Ex: School Band	2020-2024 2024-2025	member section leader
List Honors/Awards (Include Yeard		

List Honors/Awards (Include Year(s) of Receipt)

Please list your participation in community service activities. If you participated in different duties during your time in an organization, please list that time separately.

Community Service Activity (Please Type)					
Activity	Duties	Hours per duty and Year(s) of Involvement			
Ex: Abraham's Tent Serving line	Serving line	August 2024 (8 hours)			
		Sept. 2024 (4 hours)			
		Nov. 2024 (6 hours) Total 18 hours			

**Personal Essay** (Please Type in font style TIMES and font size 12) Type an essay addressing the following topic: "Where Do I See Myself In 10 Years".

Application Signature