Delta Sigma Theta Sorority, Inc.
Rockford Alumnae Chapter
P.O. Box 365
Rockford, Illinois 61105

SCHOLARSHIP APPLICATION

Rockford Alumnae Chapter of Delta Sigma Theta Sorority, Inc. awards scholarships to African American, high school senior, females who plan to attend a College or University. Scholarship funds are to be used for books, tuition, housing or fees. The QUALIFICATIONS are as follows:

1) Must be an African-American, graduating High School, female living or attending school in Winnebago County, Freeport, DeKalb and Sycamore.
2) Must be involved in the community and school.
3) Must have a minimum cumulative G.P.A. of 2.5 or above (Official transcript must be included)---**Anything less will NOT be considered.**
4) Must include a **typed essay** answering the 2 questions in the application.
5) Must include with application packet, **TWO** Letters of Recommendation: **One** letter from a teacher, counselor or principal & **One** letter from an extracurricular or community service source (**TWO** Letters of Recommendation Required).
6) **Qualified applicants must participate in a personal interview April 11, 2015. (Those selected for interviews will be notified by phone and non-qualified applicants will be notified by mail by June 30, 2015.)**

Please review your application packet before submission to ensure you meet all the above qualifications.

The ENTIRE APPLICATION MUST BE POSTMARK dated by March 6, 2015

*SEND to the attention of: Dorothy Reddic, Scholarship Chairperson, RAC Delta Sigma Theta Sorority, Inc., P.O. Box 365, Rockford, IL 61105.

*Please direct all questions to Dorothy Reddic at 815-200-9730 or racdst1913@gmail.com.

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Scholarship Application Form

The information required for this application will assist the Delta Sigma Theta Sorority committee in determining your qualifications for a scholarship. Therefore, we would appreciate your candid response to all questions. This information will be held in the strictest confidence and will only be seen by members of Rockford Alumnae Chapter of Delta Sigma Theta, Inc.

Name: _____
Last First MI

Home Address: _____

Mobile Phone (include area code):_____ Alternate Phone:_____

Email Address: _____@_____

Name of Parent(s)/Guardian(s):_____ _____

Name of Current High School:_____

Anticipated Major: _____

List ANY & ALL **Leadership Roles** you hold or held in the past:

_____
_____
_____

List ANY & ALL **Extracurricular & School Activities you are involved or in the past**:

_____
_____
_____

List your involvement in the **Community or Church as a Volunteer currently or in the past:**

_____
_____
_____

Are you a current/past member of:*(This is for information purposes ONLY and is NOT a requirement)*

- Delta GEMS: (YES or NO) Circle one
- Delta Academy? (YES or NO) Circle one

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Scholarship Questionnaire

Name: _____Phone: _____
First, Middle Initial, Last

Date of Birth: _____

Name of Current High School: _____

Anticipated Graduation Date: _____

Name of Counselor: _____

List the name courses taken and grades received during your Junior and Senior years of high school. Indicate the classes that are HONORS level, AP Level or College Level courses. If you do not have grades for courses you are currently taking, approximate a grade based on test scores. Please use additional paper if necessary and attach it to this application.

ACT Composite Score _____ SAT Composite Score_____

Junior Year Courses	Grades	Senior Year Courses	Grades

I certify that the statements made on this questionnaire and all supporting documents are true to the best of my knowledge and grant my permission for the information to be shared with the scholarship selection committee.

_____

Signature of Student Date

_____

Signature of Parent or Guardian if applicant is under 18 Date

Applicants Name: _____

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The following information MUST be provided by your school counselor and have the "School Seal" affixed to this form.

Cumulative GPA _____

Please include one score or both.

ACT Composite Score _____
SAT Score _____

_____
Name of Counselor (PRINTED)

_____
Signature of Counselor

Please Affix School Seal Below.

Please attach the applicant's high school transcript.

APPLICANT NAME:_____

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Scholarship Essay

Write a 300-500 word grammatically correct and error free TYPED essay answering the following questions (MAKE SURE YOU ANSWER THESE TWO QUESTIONS IN YOUR ESSAY):

1. If selected to receive this scholarship, how do you intend to use these scholarship funds to help further your education?

2. If selected to receive this scholarship, how you will give back to the African-American community?

Attach this sheet to your essay written on a separate sheet of paper.

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Letter of Recommendation ~ FROM AN EDUCATOR

Student's Name:_____

Printed Name of Person Completing the Letter of Recommendation:
_____

The student named above is being considered for the Delta Sigma Theta Sorority, Inc. Scholarship. Please submit a typewritten candid assessment of the student's academic and/or extracurricular activities and her potential to excel at the college level.

- Sign the letter and include your title and/or relationship to the applicant.
- Date the letter

The information you provide will be held in strict confidence.

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Letter of Recommendation ~ FROM COMMUNITY/CHURCH

Student's Name:_____

Printed Name of Person Completing the Letter of Recommendation:
_____

The student named above is being considered for the Delta Sigma Theta Sorority, Inc. Scholarship. Please submit a typewritten candid assessment of the student's academic and/or extracurricular activities and her potential to excel at the college level.

- Sign the letter and include your title and/or relationship to the applicant.
- Date the letter

The information you provide will be held in strict confidence.

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*****ONLY COMPLETE IF YOU ARE SELECTED TO RECEIVE A SCHOLARSHIP*****

First & Last Name:_____

Address:_____

Name of College/University:_____

Scholarship Check Checklist:

- ☐ Acceptance Letter (Copy) _____
- ☐ Print Name to Appear on Check _____
- ☐ Exact Mailing Address for the check:_____

_____

(i.e. NIU, Bursar Office, Altgeld Hall, Room 321, DeKalb, IL----SAMPLE ONLY)

_____

_____

- Is this check being mailed to a residence or a college/university?

(Please Circle One)