



DELTA SIGMA THETA SORORITY, INC.
YOUNGSTOWN ALUMNAE CHAPTER
A Public Service Sorority
P.O. BOX 1455
YOUNGSTOWN, OHIO 44501
2016 -2017 Scholarship

Dear Applicant:

The Youngstown Alumnae Chapter (YAC) of Delta Sigma Theta Sorority, Inc., a public service organization, will award scholarships to graduating high school seniors in our service areas of Mahoning and Trumbull Counties.

REQUIREMENTS, GENERAL INFORMATION & INSTRUCTIONS FOR APPLYING:

- ❖ Be a graduating high school senior in YAC service areas or a current scholarship recipient.
- ❖ Plan to enroll in a Bachelor or Associate Degree program at an accredited college or university as a full-time student or scholarship renewals must be matriculating at a college full-time.
- ❖ Have a cumulative GPA of 2.5 or higher.
- ❖ Be a student of Black African descent.
- ❖ A face-to-face panel interview will be required of all finalists.
- ❖ Scholarship awards will be paid upon confirmation of registration in school by Fall 2016-2017.
- ❖ Awards are for ONE school year only. A candidate may apply and be awarded a scholarship for no more than (2) years.



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Any student who wishes to apply for the scholarship should proceed as follows:

- ☐ Complete Application page along with Counselor/Administrator signature.
- ☐ Submit a 300- 500 word essay typed and double-spaced.
- ☐ An official transcript along with the highest ACT and/or SAT scores, IN A SEALED ENVELOPE, must be mailed directly from your school to the address above.
- ☐ Submit a letter of recommendation from the supervisor of an organization to which you provide community service. LETTER MUST BE ON COMPANY LETTERHEAD. The letter should include the type of service and length of service. (minimum of 10 hours within the last 12 months) May have more than one letter to achieve the minimum hours.
- ☐ Submit Two (2) Academic References using the enclosed forms (teacher/counselor/principal)
- ☐ A copy of a letter of acceptance to an accredited college.
- ☐ Provide a recent digital photo (jpeg, gif format); email to dstscholarship1913@gmail.com If chosen, the photograph may be used for the purpose of scholarship recognition to the public.
- ☐ Any INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. Please double check the above list before submitting.
- ☐ The complete application packet MUST be postmarked by February 27, 2017 and mailed to the above address.

WE ENCOURAGE YOUR PARTICIPATION AND WISH YOU THE BEST OF LUCK!

Youngstown Alumnae Scholarship Committee
Crystal L. Davis, Chairperson
330-518-1609
Dstyoungstown1913@gmail.com



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APPLICATION

PLEASE TYPE OF PRINT

Name_____

Address_____

City, State, Zip Code_____

Email_____

Phone Number_____School_____

Date of Birth_____Race/Ethnicity_____

List your extracurricular and/or community activities:

College/university attending or planning to attend: _____

Major or field of interest: _____

Attach your Essay, Letters of Recommendation and letter of college acceptance to this application.

This section is to be completed by the school guidance counselor or administrator

GPA_____ ACT or SAT Score_____

Signature_____Title/Position_____

Date_____

Return the complete application to:

Delta Sigma Theta Sorority, Inc.
Scholarship Committee
P.O. Box 1455
Youngstown, OH 44501



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ACADEMIC RECOMMENDATION FORM (1)

Applicants name: _____

This student is an applicant for a scholarship awarded by Youngstown Alumnae Chapter, Delta Sigma Theta Sorority, Inc. The Youngstown Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is an organization of college educated women committed to constructive development of its members and to service within the African American community. We thank you for taking the time to aid us in our review of this applicant's qualification for our scholarship. All information is considered confidential.

To the *RECOMMENDER*: After completing this recommendation form, return it to the applicant in a sealed envelope with your signature on the seal. This recommendation is a required part of the scholarship application package so your prompt return to the applicant is important in order to meet the scholarship submission deadline of February 27, 2017.

If you have any questions or concerns regarding this process please contact Crystal L. Davis, Scholarship Chairperson at dstscholaship1913@gmail.com

Please complete part A and B of this recommendation form.

Section A: Recommenders Information

Name and Title: _____

E-mail: _____ Phone: _____

High School: _____

How long and in what capacity do you know the applicant? _____

Three words that describe the applicant: - _____, _____ and _____

Recommender's Signature and Date: _____

Section B: Please rate the applicant using the scale below.

Scale Items	Excellent	Good	Fair	Poor
<i>Academic Performance</i>	_____	_____	_____	_____
<i>Communication/Interpersonal Skill</i>	_____	_____	_____	_____
<i>Leadership Skills</i>	_____	_____	_____	_____
<i>Work Ethic and Responsibility</i>	_____	_____	_____	_____
<i>Creativity</i>	_____	_____	_____	_____
<i>Emotional Maturity</i>	_____	_____	_____	_____
<i>Community Service</i>	_____	_____	_____	_____
<i>Commitment</i>	_____	_____	_____	_____
<i>Motivation to attend College</i>	_____	_____	_____	_____

(Optional) Attach any additional information that would help this applicant receive this scholarship.



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ACADEMIC RECOMMENDATION FORM (2)

Applicants name: _____

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To the *RECOMMENDER*: After completing this recommendation form, return it to the applicant in a sealed envelope with your signature on the seal. This recommendation is a required part of the scholarship application package so your prompt return to the applicant is important in order to meet the scholarship submission deadline of February 27, 2017.

If you have any questions or concerns regarding this process please contact Crystal L. Davis, Scholarship Chairperson at dstscholaship1913@gmail.com

Please complete part A and B of this recommendation form.

Section A: Recommenders Information

Name and Title: _____

E-mail: _____ Phone: _____

High School: _____

How long and in what capacity do you know the applicant? _____

Three words that describe the applicant: - _____, _____ and _____

Recommender's Signature and Date: _____

Section B: Please rate the applicant using the scale below.

Scale Items	Excellent	Good	Fair	Poor
<i>Academic Performance</i>	_____	_____	_____	_____
<i>Communication/Interpersonal Skill</i>	_____	_____	_____	_____
<i>Leadership Skills</i>	_____	_____	_____	_____
<i>Work Ethic and Responsibility</i>	_____	_____	_____	_____
<i>Creativity</i>	_____	_____	_____	_____
<i>Emotional Maturity</i>	_____	_____	_____	_____
<i>Community Service</i>	_____	_____	_____	_____
<i>Commitment</i>	_____	_____	_____	_____
<i>Motivation to attend College</i>	_____	_____	_____	_____

(Optional) Attach any additional information that would help this applicant receive this scholarship.



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**Choose one of the two following essay topics. (Must be 300 – 500 Words) Typed Essay Entitled
“Delta Sigma Theta Scholarship Essay”**

Include the following information at the top of your document.

Name

Contact number

Essay number

Essay 1 should address the following topics:

Your goals and aspirations now and after college graduation

The person who influenced you the most and how it has impacted your life

Why should you receive the scholarship?

Essay 2 should address the following topics:

(Based on your community service)

What is something you have done that has changed your view on life?

A specific instance where you had a positive impact on someone else's life

How will you receiving this scholarship make a difference in the community?