



DELTA SIGMA THETA SORORITY, INC.

Durham Alumnae Chapter

P. O. Box 2882

Durham, North Carolina 27715-2882

SCHOLARSHIP APPLICATION

Recipients will be selected based on proven academic achievements, school and community involvement and financial need. Character and leadership will also be factors in determining the recipients. On-line submission preferred. Mailed applications must be postmarked by April 4, 2025.

PERSONAL DATA: (PLEASE TYPE OR PRINT IN BLACK OR BLUE INK)

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

(CITY) (STATE) (ZIP)

PHONE NUMBER: _____ EMAIL ADDRESS _____

PARENT(S) or GUARDIAN(S): _____

OCCUPATION: Mother: _____

Father: _____

List dependents living in the home along with ages. Also list siblings currently in college:

ACADEMIC INFORMATION:

High School: _____

GPA: _____ *SAT or ACT Score: _____

Class Rank: _____

Honors/Date Attained: _____

EXTRACURRICULAR ACTIVITIES/COMMUNITY SERVICE HONOR:

(Include school, athletics, community, and/or church. You may use additional pages if needed.)

AWARDS: _____ DATE ATTAINED: _____

EXTRACURRICULAR ACTIVITIES (SCHOOL) DATES PARTICIPATED: ___ POSITION:

COMMUNITY SERVICE: _____ DATES PARTICIPATED: _____ POSITION: _____

WORK EXPERIENCE: _____

NAME OF COLLEGE YOU PLAN TO ATTEND: _____

HAVE YOU BEEN AWARDED ANY OTHER SCHOLARSHIPS? _____

IF YES, TOTAL AMOUNT RECEIVED: _____

Applicant's Signature

Parent's or Guardian's Signature

Signatures indicate all statements given in the application to be true at the time of its submission.

Must submit the following along with the application:

1. A one-page essay emphasizing your academic goals, specific financial needs and how receiving this scholarship might contribute to your achievements.
2. Official high school transcript, which includes grade point average and class rank emailed from counselor to scholarship@durhamdst.org.
3. A copy of acceptance notification from your college choice or statement from your counselor indicating that you have applied to your college/university choice.
4. Letter of recommendation from a school faculty member.
5. A current photo.

NOTE: DELTA SIGMA THETA Scholarships are awarded for ONE academic year only.

Application and supporting documents can be submitted online OR completed application and supporting documents can be mailed to:

Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter
c/o Scholarship Committee Chair
P.O. Box 2882
Durham, NC 27715-2882

SCHOOL FACULTY RECOMMENDATION FORM

Applicant's Name: _____

Person completing recommendation form: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

On what do you base your recommendation of the applicant? Please check all that apply:

_____ Personal Acquaintance

_____ School Records

_____ Reports of Instructors

_____ Other Knowledge

Please respond to each of the areas below, giving your candid opinion of the applicant.

	Excellent	Good	Average	Below Average	No Basis for Rating
Ability to set and achieve goal					
Academic Progress					
Attendance/ Punctuality					
Attitude/Cooperation (relationships with others)					
Leadership (judgment, ability to lead and influence)					
Motivation (initiative, resourcefulness, self-starter)					
Quality of Performance (accuracy, neatness, thoroughness)					
Verbal Expression of ideas					
Written Expression of ideas					
Work Habits/ Organizational Skills (ability to plan, manage and execute)					
Willingness to work beyond expectations					

What are the special strengths of the applicant?

Is there anything else you wish to share about the applicant?

Signature: _____ Date: _____

Position: _____

School: _____

Cell: (____) _____ Home number: (____) _____

Email Address: _____