

# DELTA SIGMA THETA SORORITY, INC.

*A Service Sorority*  
**GRAND CHAPTER**

## APPLICATION FOR FINANCIAL AID (DELTAS ONLY)

*(Please type or print with a Pen with Black Ink)*

**COMPLETE AND RETURN TO:** Chairperson, Scholarship and Standards Committee  
Delta Sigma Theta Sorority, Inc.  
1707 New Hampshire Avenue, N.W.  
Washington, DC 20009

**BEFORE THIS APPLICATION CAN BE CONSIDERED, THE APPLICANT\* SHALL PROVIDE TO THE CHAIRPERSON OF THE SCHOLARSHIP AND STANDARDS COMMITTEE A COMPLETED APPLICATION PACKET WHICH INCLUDES:**

- (1) A NON-REFUNDABLE APPLICATION FEE OF \$20.00 IN A MONEY ORDER OR CERTIFIED CHECK MADE PAYABLE TO: DELTA SIGMA THETA SORORITY, INC.; AND**
- (2) A COMPLETED APPLICATION; AND**
- (3) AN OFFICIAL TRANSCRIPT, IN A SEALED ENVELOPE, FROM THE CURRENT/LAST DEGREE-GRANTING INSTITUTION(S); AND**
- (4) A LETTER OF RECOMMENDATION, IN A SEALED ENVELOPE, FROM EACH PERSON LISTED AS A REFERENCE.**

**(NOTE: PLEASE REFER TO THE TWO ENCLOSED LETTERS OF MEMORANDUM TO THE FINANCIAL AID APPLICANT AND THE COLLEGE OR UNIVERSITY REGISTRAR)**

### GENERAL INFORMATION AND INSTRUCTIONS FOR APPLYING FOR DELTA SIGMA THETA SORORITY, INC. FINANCIAL AID (FOR DELTAS ONLY)

1. All applicants must be members of Delta Sigma Theta Sorority, Inc.
2. A complete application packet (as defined above), **MUST** be received no later than **April 30th** of the year for which the aid is requested, in order to be considered.
3. Parts I and VIII and the signature at the end must be completed by all applicants. Omission of any part will eliminate the application from consideration.

NOTE: PART IX is to be completed **only** by applicants who are **financial** members of the organization and are applying for the special scholarships, which are awarded on the basis of meritorious achievement.

4. Applicants may apply for financial aid to complete undergraduate/collegiate, graduate or technical work.
  - (a) Freshmen (must have completed at least one semester of college work), sophomores and juniors may apply for undergraduate/collegiate scholarship awards.
  - (b) Graduating seniors and college graduates may apply for graduate awards for advanced degrees.
5. All Financial Aid Awards will be paid upon confirmation of registration in school for summer or regular term of the fiscal year for which the aid is granted.
6. Awards are for tuition and school expenses for **ONE** school year only. A candidate may apply and receive financial assistance for no more than two (2) years.

\*Refer to enclosed memorandum for detailed instructions



### PART III — HONORS, SPECIAL TALENTS AND WORK EXPERIENCE

1. List honors and awards:

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2. List honorary organizational memberships and offices held:

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3. List other organizational memberships and offices held:

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4. List any special talents:

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5. List extracurricular activities and/or community activities:

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6. List any work experience: (Give job title, employer and dates of employment beginning with your current or most recent job)

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2. In order of preference, please list the name(s) and address(es) of school(s) to which you have applied or will be attending for the period that this financial assistance is requested:

	School 1	School 2	School 3
<b>SCHOOL NAME</b>			
Address			
Status of Application:			
Pending			
Accepted			
Rejected			
<b>ANNUAL COST</b>			
Tuition			
Books			
Room/Board			
Transportation			
Personal			
<b>TOTAL</b>			

**CHECK THE ACADEMIC SYSTEM USED BY EACH SCHOOL:**

Semester			
Quarter			
Trimester			
Other			

## PART V — FINANCIAL STATUS

### (Part V-A PARENT'S HOUSEHOLD)

1. Parent(s) or Guardian [If dependent of parent(s) as classified by the federal tax code]:

Father \_\_\_\_\_  
Last Name First Age  
\_\_\_\_\_  
Address City State Zip Code  
\_\_\_\_\_  
Occupation Job Title

Mother \_\_\_\_\_  
Last Name First Age  
\_\_\_\_\_  
Address City State Zip Code  
\_\_\_\_\_  
Occupation Job Title

Other Children Dependent upon Parents for Support:

Name	Age	School	Grade
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_____			
_____			

Other Dependents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

2. Annual Total Family Income from All Sources \$ \_\_\_\_\_  
\_\_\_\_\_

### (Part V-B APPLICANT'S HOUSEHOLD)

1. Marital Status:  Married  Unmarried

2. Applicant's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

3. Spouse \_\_\_\_\_  
Last Name First Age

4. Spouse's Address \_\_\_\_\_  
Number Street Apt.  
\_\_\_\_\_  
City State Zip

Spouse's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
Dependent Children:

Name	Age	School	Grade
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_____			
_____			

**PART VI — SOURCES OF FINANCIAL AID**

	<b>Current Academic Year</b>	<b>Coming Year (Anticipated)</b>
Contributions from Parents		
Savings from Your Employment		
Your Earnings		
Spouse's Earnings		
Pell Grant		
Supplemental Educational Opportunity Grant		
State Grant		
Other Grants		
National Direct Student Loan		
Bank Loan (Guaranteed Student/ PLUS Loan)		
College Work Study (College Job)		
Scholarships (List names and amounts)		
OTHER (List Sources)		
<b>TOTAL AMOUNT</b>	<b>\$</b>	<b>\$</b>

Please indicate the total amount of financial aid you need and are requesting from the Scholarship and Standards Committee of Delta Sigma Theta:

Amount Requested \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

## PART VII — RECOMMENDATIONS

1. Please submit recommendations from two of the following:
  - (a) University Administrator or Professor (Academic & Personal Recommendations)
  - (b) Dean of Students or Assistant Dean of Students (Academic & Personal Recommendations)
  - (c) Minister, civic leader, or professional person (Character Recommendation)
2. List name and occupation of each reference:

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## PART VIII — DELTA SIGMA THETA BACKGROUND

1. Full Name at Time of Initiation \_\_\_\_\_
2. Chapter of Initiation \_\_\_\_\_ Date of Initiation \_\_\_\_\_

Location (include college/university, if applicable)

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3. Financial (\*\*\*) :  Yes  No

Current Chapter and Chapter Number (include college/university, if applicable)

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**OR**  Member-At-Large (Please check, if applicable.)

4. List Delta Activities (Responsibilities and Offices Held):

Local \_\_\_\_\_

Regional \_\_\_\_\_

National \_\_\_\_\_

(\*\*\*) A financial member is one who pays both, local and national dues or member-at-large dues.

**PART IX — SPECIAL SCHOLARSHIPS**  
(Only for **Financial\*\*\* Members** of Delta Sigma Theta)

If applying for a Special Scholarship, which is awarded on the basis of meritorious achievement, please indicate which of the following:

- ARTS, PERFORMING OR CREATIVE -- Myra Davis Hemmings Scholarship (Founder) – **For Graduate Study**
- COMMUNICATIONS -- Julia Bumry Jones Scholarship (Soror) – **For Graduate Study**
- LAW -- Sadie T. M. Alexander Scholarship (Past National President) – **For Graduate Study**
- SOCIAL GROUP WORK -- Juliette Derricotte Scholarship (Soror) – **For Graduate Study**
- EDUCATION -- Bertha Pitts Campbell Scholarship (Founder)
- MINISTRY -- Vashti Turley Murphy (Founder) – **For Master's or Doctoral Level**
- CRIMINAL JUSTICE -- Juanita Kidd Stout (Soror)

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**FOR ALL APPLICANTS**

I hereby declare that all of the above statements are true. I have also included with this application the necessary official transcript and letters of recommendation in sealed envelopes. I agree to accept the decision of the Scholarship and Standards Committee of Delta Sigma Theta Sorority, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_