



Brooklyn

ALUMNAE CHAPTER

SCHOLARSHIP COMMITTEE • P.O. BOX 470913 • BROOKLYN, NEW YORK 11247

EMAIL: BKZHERE@AOL.COM

Brooklyn Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

2012 SCHOLARSHIP APPLICATION

Dear Students, Colleagues, and Community Representatives:

Delta Sigma Theta was founded in 1913, on the campus of Howard University. There are over 200,000 predominantly African American, college educated women in more than 900 chapters located in the United States and beyond. Brooklyn Alumnae was organized as a chapter in 1950, as a public service sorority.

Each year Delta Sigma Theta Sorority, Inc., Brooklyn Alumnae Chapter provides \$1,000 to \$2,000 scholarship awards to high school and college students who reside in the Borough of Brooklyn. Most of our awards are renewable four-year scholarships, for those enrolled as full-time students with grade point averages of 2.5 each semester based on a 4.0 system, or its equivalent.

DST, Brooklyn Alumnae Chapter administers four yearly scholarship awards with different standards on which a judgment or decision may be based. An applicant who is selected as a possible candidate to receive a scholarship must attend an interview conducted by the Scholarship Committee; provide proof of immigration status either as a U.S. Citizen or Lawful Permanent Resident.

A full Scholarship Application must be received by April 1st of the current year including:

- a) Scholarship Application Form.
- b) Three letters of recommendation (ie. teacher, counselor, religious or community leader, member of Delta Sigma Theta Sorority, Inc.) addressed to the Scholarship Committee listed below.
- c) Current official transcript.
- d) Income verification of entire household (ie. W-2 or tax returns).
- e) Typed 200 word essay entitled: "My Greatest Accomplishment and its Affect on my Decision to attend College".

All information must be mailed to: Ms. J. Boatswain, Chairperson

DST, Brooklyn Alumnae Chapter
Scholarship Committee
P.O. Box 470913
Brooklyn, New York 11247

Brooklyn Alumnae Scholarship Program includes five different types of awards:

PLEASE CHECK ONE:

- ☐ Brooklyn Alumnae Chapter Scholarship is a four-year continuous scholarship for Brooklyn residents, ranging from \$1,000 to \$2,000 per year. Applicants must be enrolled as a full time student in a 4 year college or university. Eligibility is based on a minimum 2.5 GPA for each semester.
- ☐ Shirley Chisholm Scholarship is a \$1,000 non-renewable award for a Brooklyn resident enrolled at Brooklyn College, with a major in Women Studies or Political Science.
- ☐ Beverly Vance Memorial Scholarship is a \$1,000 yearly award for Brooklyn residents seeking a four year degree with a major in Communications, Speech, Drama, or a related field of study. Continuous eligibility is based on a minimum 2.5 semester GPA.
- ☐ Carrie L. Smith Award is a \$500 scholarship available to Brooklyn residents who are parents, with an Associate Degree, pursuing a Baccalaureate Degree at Medgar Evers College of the City University of New York.

*Remember the Scholarship deadline date is April 1st.

*Did you enclose the following:

- ☐ Scholarship Application Form
- ☐ Typed Essay
- ☐ Proof of Family Income

The following items can be mailed separately by the same 4/1. deadline:

- *Official Copy of Current Transcript
- *Three letters of recommendation

Mailing Address: Ms J. Boatswain, Chairperson
DST, Brooklyn Alumnae Chapter
Scholarship Committee
P.O. Box 470913
Brooklyn, New York 11247

Note : Remove this cover letter and mail the balance two pages.

PERSONAL INFORMATION

- ## EDUCATIONAL BACKGROUND

- | Name of School and Complete Address | Dates of Attendance | Graduation Date or Expected Date of Graduation |
|-------------------------------------|---------------------|--|
| | | |
| | | |
| | | |

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7. For Brooklyn Alumnae Scholarship applicants only:

Area of Study (Major): _____ Type of Degree: _____

8. For Beverly Vance Applicants only:

Indicate the Baccalaureate Program being pursued:

Communications ☐ Drama ☐ Speech ☐ Other ☐

If Other marked please indicate the related major: _____

9. For Shirley Chisholm Scholarship Applicants only: Indicate Area of Study (Major)

☐ Women Studies

☐ Political Science

FAMILY INFORMATION

1. Mother/Female Guardian _____

Last First Middle

Home Address: _____

Number and Street

Apartment #

City

State

Zip

Telephone: Home: () - Work () -

Occupation: _____

Name of Employer: _____

Total income as reported on Federal tax Return: \$ _____

List amount(s) and Source(s) of other income (Example include child support payments, disability, pension, Social Security, SSI, public assistance): \$ _____.

2. Father/Male Guardian _____

Last First Middle

Home Address: _____

Number and Street

Apartment #

City

State

Zip

Telephone: Home: () - Work: () -

Occupation: _____

Name of employer: _____

Total income as reported on Federal Tax Return: \$ _____.

List amount(s) and Source of other income (Examples include child support payments, disability, pension, Social Security, SSI, public assistance): \$ _____.

3. Household Composition: (List names of all household members including but not limited to siblings, other dependent children, parents/guardians, grandparents and other relatives).

4. Total Income of household \$ _____ Source(s) of Income _____

5. Of the above listed, how many are currently attending college full-time? _____ Part-time? _____

6. List the age(s) of your sibling(s) _____

7. Number of siblings currently attending college _____

Number of siblings who have graduated from college _____

NOTE: *INCOME VERIFICATION INFORMATION MUST BE SUBMITTED (Examples include W-2 forms, signed tax returns, pay stubs, etc.)

HONORS, SPECIAL TALENTS AND WORK EXPERIENCE

1. List honors and/or awards received with dates. You may add pages as necessary.

2. List any organizations in which you are an active member. Do not use acronyms. **Please include your participation in any activity sponsored by any Chapter of Delta Sigma Theta Sorority.** You may add pages as necessary.

Name of Organization	Office(s) Held & Description of Participation	Dates of Membership

FINANCIAL INFORMATION

1. List **ALL** scholarships, awards, loans and any other financial assistance for the **upcoming academic year**. Include the type and amount of the award and whether it is for **one (1) year** or is a **renewable** scholarship/award for your **entire college career**.

2. Itemize your estimated college expenses for one (1) full academic year.

Tuition	\$ _____
Books	\$ _____
Room/Board	\$ _____
Transportation	\$ _____
Personal	\$ _____
Other (specify)	\$ _____

TOTAL	\$ _____
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LETTERS OF RECOMMENDATION

Every applicant is required to submit three (3) Letters of Recommendation addressed to the Scholarship Committee. Please submit letters with application and list names below:

Name	Address	Telephone Number

CERTIFICATION AND AUTHORIZATION

All information provided on this form is true and complete to the best of my knowledge. I certify that I am a senior in high school or a current full-time college students. I certify that the statements presented in this application are true and correct. At the request of the Scholarship committee, I agree to make myself available for interview, if requested. I understand that the Brooklyn Alumnae Chapter of Delta Sigma Theta Sorority, Inc. **must receive** a copy of income verification document(s) and all other required items by **April 15th or next business day of the current application year** for my application to be considered complete.

Authorization for release of records:

To comply with the provisions of the Family Education Rights and Privacy Act of 1974, permission is hereby given to school officials to release secondary school record and other requested information for consideration in the Brooklyn Alumnae Chapter Scholarship programs.

Applicant's Signature (Required)

Date

Parent or Guardian's Signature (Required)

Date

Parent or Guardian's (Required)

Date

INTERNAL USE ONLY:

REVIEWED BY: _____

DEFICIENCIES: ESSAY LETTERS OF RECOMMENDATIONS TRANSCRIPT

INCOME VERIFICATION

AWARD AMOUNT \$ _____