



# SCHOLARSHIP APPLICATION

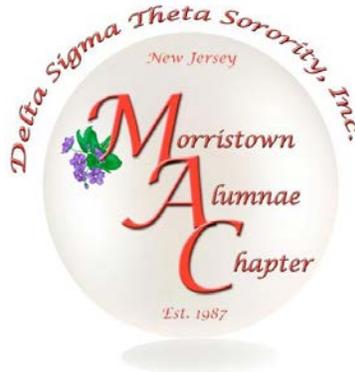


**MORRISTOWN ALUMNAE CHAPTER**

**DELTA SIGMA THETA**



**SORORITY, INC.**



Founded in 1913 on the campus of Howard University, Washington, D.C., Delta Sigma Theta Sorority, Inc., is a public service, non-profit organization whose purpose is to provide services and programs to promote human welfare and assistance to persons in need. The membership of over 200,000 predominantly African-American college-educated women has over 900 undergraduate and alumnae chapters in the United States, Tokyo and Okinawa, Japan, Germany, Bermuda, the Bahamas, Seoul, Korea, and U.S. Virgin Islands. Delta's extensive Five Point Program focuses on five key areas: economic development, educational development, international awareness and involvement, physical and mental health, and political awareness and involvement. The national headquarters is located in Washington, D.C.

*Morristown Alumnae Chapter* was chartered in 1987. The membership maintains active engagement in the community by implementing initiatives that support the organization's Five Point Program and theme, "Delta Sigma Theta – A Sisterhood Called to Serve: Transforming Lives, Impacting Communities."



**MORRISTOWN ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.**

**SCHOLARSHIP APPLICATION**

Please read carefully the instructions located on the back page of this application.

**Part A PERSONAL INFORMATION**

Student Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Permanent Mailing Address \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (ZIP) ( ) (Phone)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  Male  Female  
(Month) (Day) (Year)

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ GPA \_\_\_\_\_  
(Month) (Year)

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Colleges/Universities to which you have applied:

Name	Annual Costs	Have you been accepted?	
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

College/University you plan to attend:

Name \_\_\_\_\_ Location \_\_\_\_\_  
(City) (State)

Scholarships for which you have applied:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Scholarships you have received:

Name	Amount Awarded
_____	\$ _____
_____	\$ _____
_____	\$ _____



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**SCHOLARSHIP APPLICATION**

**Part A PERSONAL INFORMATION (continued)**

**Activities/Community Service Experience (include additional sheet if necessary)**

List all community and school activities in which you have participated. Include student government, sports, volunteer projects, etc.

Activity	Dates		Leadership Position(s)	Dates	
	From	To		From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Honors, Awards and Performance Appearances**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Part B PERSONAL STATEMENT**

Please compose a one-page essay of approximately 300 words that details your educational plans and how these plans will lead to your chosen career. Explain how you chose that career and what or who influenced your decision. Your statement will be a significant part of your application, so please give it considerable thought.

**Part C CERTIFICATION**

I (We) certify that the information provided is true, accurate, and complete to the best of my (our) knowledge. I (we) agree to provide proof of the information that has been given on this form, if asked by an authorized official. If proof is not submitted, the application may be declined.

\_\_\_\_\_ Date \_\_\_\_\_ Date  
*Student Signature* *Parent (Guardian) Signature*



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**SCHOLARSHIP APPLICATION**

**Eligibility Criteria**

Students eligible for this scholarship must:

- Be of African descent and at least one of the following:
  - Morris County resident
  - Morris County high school student
  - Active participant in one of Morrystown Alumnae Chapter's youth programs (i.e., GEMS or EMBODI)
- Have a minimum cumulative GPA of 3.0
- Have been accepted to an accredited two-year or four-year college or university
- Agree to be interviewed by the scholarship committee as part of the selection process

**Application Procedures**

**1. Application**

This application must be complete in order to be considered. Include additional pages if necessary. Do not staple documents.

**2. Transcripts of Grades**

A high school transcript of grades from all four years of high school must be evident in the transcript in addition to the cumulative GPA. **The transcript MUST be sent in a sealed envelope. The transcript can come directly from the school but must be received by the deadline, or your application will be considered incomplete and will not be reviewed.**

**3. Personal Statement**

Compose and complete your personal statement on a separate sheet. Insert the sheet inside this application. Your statement must be typed or printed.

**4. Letters of Recommendation**

You must provide two (2) letters of recommendation. One letter must be from a teacher or counselor; the second letter must come from a supervisor of an outside community-based volunteer organization. The community service/volunteer organization letter must be submitted on the organization's letterhead and should detail your community service activities. They should be given to you in sealed envelopes. **You MUST send the envelopes UNOPENED with your application. Letters that are sent under separate cover must arrive by the deadline, or your application will be considered incomplete and will not be reviewed.**

**5. Financial Need**

Academic merit forms the basis of this scholarship. However, given equally qualified candidates, financial need will serve as an additional criterion. **To complete your application, attach a copy of the page from your Student Aid Report that shows Expected Family Contribution (EFC) as a result of filing FASFA.**

**6. Notification of Awards and General Correspondence**

Notification of awards and general correspondence related to this scholarship will be mailed to your permanent mailing address.

**7. Application Timeline**

Your application, sealed transcript, sealed letters of recommendation, and other supporting material must be received **via U.S. mail on or before Friday, April 21, 2017.** Materials received after the deadline will render your application incomplete. Faxed or e-mailed documents will not be accepted.

**Please mail your application to:**

Scholarship Committee  
Morrystown Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 1633  
Morrystown, NJ 07962-1633

For more information, contact Ms. Stacey Harris on 973-452-4780 or at [mac.nj.alum.dst@gmail.com](mailto:mac.nj.alum.dst@gmail.com).

The Morrystown Alumnae Chapter of Delta Sigma Theta Sorority, Inc., warrants that all information supplied through this application process is confidential and will be used for the sole purpose of evaluation by the Chapter's Scholarship Committee. At the completion of the process, the committee will responsibly dispose of all personal data received.