



# Sacramento Alumnae Chapter Delta Sigma Theta Sorority, Inc.

## 2019 - 2020 Scholarship Application & Information

The Sacramento Alumnae Chapter awards annual scholarships for minority students pursuing higher education at a two or four-year institution. An individual is eligible to apply if he or she meets the eligibility criteria. The scholarship amounts will vary depending on individual merit and needs.

All applications are evaluated based on a complete application and in-person interview, which are used to determine academic performance, financial need, and community & cultural involvement.

### Eligibility Requirements:

- Black, African American, or of African descent
- Greater Sacramento resident
- Graduating high school student OR Single Head of Household college applicant/student
- Minimum cumulative 3.0 GPA on a 4.0 scale
- Currently attending, accepted, applied or applying to an accredited two or four-year college/university for the fall of 2020
- Proven participation in community service, extracurricular, or other volunteer activities
- Applicant must attend an in-person interview with the Sacramento Alumnae Chapter
- Relatives by blood, marriage or adoption of members of Sacramento Alumnae Chapter - Delta Sigma Theta Sorority, Incorporated are **NOT** eligible to apply for chapter scholarships, however, there may be other scholarships available.

### Statement of Purpose

Delta Sigma Theta Sorority, Inc. is a private, not-for-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world.

For more information visit [sacdst.org](http://sacdst.org).

### Application Packet\* Requirements:

- An official transcript must be mailed directly from school's registrar office to the below address by **February 29, 2020**
- Two (2) letters of recommendation from a teacher, principal, counselor, community leader, minister, or employer
- A signed the photo release (*signed by parent/guardian*)
- Academic Standing Form (*completed by counselors or school registrar*)
- Applicant photograph (*size not to exceed 4x6*)
- A typed 2-3 page, double-spaced essay on "Voting Rights Under Siege". Please select one question from below and write an essay of no more than 750 words.
  - *Why is it important to preserve and protect voting rights?*
  - *How will you mobilize voters for the 2020 United States elections?*

### Deadline

To be considered all information must be postmarked by

**February 29, 2020**

Mail to:  
Sacramento Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attn: Scholarship  
P.O. Box 221084  
Sacramento, CA 95822

Questions? Email [scholarship@sacdst.org](mailto:scholarship@sacdst.org)

\*Application packet materials will not be returned.

Sacramento Alumnae Chapter | Delta Sigma Theta Sorority, Inc. | P.O. Box 221084 | Sacramento, CA 95822

[www.sacdst.org](http://www.sacdst.org)



**Sacramento Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

**Scholarship Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

School: \_\_\_\_\_

**School History (Indicate last 3 years)**

**Activities:** (Clubs, Position/Offices, Committees, Athletics, etc.)

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**Awards:**

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**Community Activities (Indicate last 3 years)**

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**Family / Household Information**

**Parent(s)/Guardian (If dependent of parent(s) as classified by the federal tax code)**

*-- Single Head of Household applicants; please complete information for you and your family.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

***Other children dependent upon parents:***

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

***Other Dependents:***

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

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



**Family / Household Financial Information**

Please complete this section to be considered for all monetary awards. Some scholarships may be need based.

Total Family Annual Income (include all sources of income): \$ \_\_\_\_\_

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

## College/University Information

College/University (accepted to or plan to attend): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Year (in which you're applying): \_\_\_\_\_

Field of Study/Major: \_\_\_\_\_

Type of Degree:	Associate Degree <input type="checkbox"/>	Bachelors Degree <input type="checkbox"/>	
Applying for financial aid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Already Applied <input type="checkbox"/>
Do you expect to receive other scholarships?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unsure <input type="checkbox"/>

## Academic Standing Form

**To be completed by your counselors or school registrar**

**FINAL DEADLINE**  
**February 29, 2020**  
**(Postmarked)**

Applicant's Name: \_\_\_\_\_

GPA: \_\_\_\_\_

Class Rank: \_\_\_\_\_

Class Size: \_\_\_\_\_

Comments: (You may attach an additional sheet if necessary)

Name of person completing this section: \_\_\_\_\_

Title/School \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Records & Transcript Permission**

I give permission for the school to release information regarding my academic standing to Sacramento Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Please release an official copy of my current transcripts and mail them to the below address by

**February 29, 2020**

**Sacramento Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attn: Scholarship  
P.O. Box 221084  
Sacramento, CA 95822**

Student Name (print) \_\_\_\_\_ Age: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is minor)

**Photo & Media Release Form\***

I give my permission for my child to be photographed by representatives of the Sacramento Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the Sorority) in conjunction with their participation in all Sorority related activities.

I give permission for the Sorority to publish on the internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the image ("Images") taken of my child during participation in Sorority activities, without payment or consideration and without notifying me in advance.

I also give permission to the Sorority to highlight my child's achievements and activities in efforts to promote the youth initiative program through newspaper, radio, TV, the web, DVDs, display, brochures, and other types of media without payment or any consideration without notifying me.

I understand and agree that these Images will become the property of the Sorority, which shall have complete ownership of the Images. I hereby irrevocably authorize the Sorority to publish or distribute these Images for the purpose of publicizing the Sorority's programs, or for any other lawful purpose. In addition, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I hereby hold harmless and release and forever discharge the Sorority and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers, National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I hereby certify that I am the parent/guardian of (participant), authorize legally to give this consent, and do hereby give my consent without reservation to the foregoing on behalf of my child.

\*Parent must sign if applicant is a minor

**SIGNATURES**

Student Name (print) \_\_\_\_\_ Age: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Essay Assignment

Please include a typed 2-3 page, double-spaced essay on “**Voting Rights Under Siege**”.

Select **one** question from below and write an essay of no more than 750 words.

- *Why is it important to preserve and protect voting rights?*
- *How will you mobilize voters for the 2020 United States elections?*

## Additional Documents

Please include the following documents to complete your scholarship application.

- Two (2) letters of recommendation from a teacher, principal, counselor, community leader, minister, or employer
- Applicant photograph (size not to exceed 4x6)