
3. List any Honors and Awards and the year you received them.

4. List your special interests.

III. WORK EXPERIENCE (Option - You may attach a current resume for Part III)

List any work experience (Include job title, employer & dates of employment)

1. Employer: _____
Address: _____
Job Title: _____
Dates of Employment: _____

2. Employer: _____
Address: _____
Job Title: _____
Dates of Employment: _____

3. Employer: _____
Address: _____
Job Title: _____
Dates of Employment: _____

IV. PROPOSED EDUCATIONAL PLAN

1. ESSAY REQUIREMENTS AND INSTRUCTIONS

- **Attach a One Page Typed Essay entitled "DST Scholarship Essay"**
- **Include the following information at the top of your one page document**
 - Your Name
 - Your Home Address
 - Your E-mail Address
 - Telephone Number (s)
- **Begin Your Essay and You Must Address the following three topics:**
 - Your short-term goals
 - Your long-term goals
 - How obtaining a scholarship from Delta Sigma Theta will be of benefit to you.

3. ANNUAL TOTAL FAMILY INCOME (from all sources).

Please indicate your family income range by checking the appropriate box below:

- | | |
|--|--|
| <input type="checkbox"/> \$15,000 and below | <input type="checkbox"/> \$41,000 - \$60,000 |
| <input type="checkbox"/> \$16,000 - \$24,000 | <input type="checkbox"/> \$61,000 - \$80,000 |
| <input type="checkbox"/> \$26,000 - \$40,000 | <input type="checkbox"/> \$81,000 - \$100,000 |
| | <input type="checkbox"/> \$101,000 – and above |

4. FINANCIAL NEED: Please explain your financial need in the space below.

(i.e., Do you have any special circumstances that you would like for the committee to know about?

Is there anything that would keep you from receiving financial assistance?)

VI. OTHER SCHOLARSHIP/FINANCIAL AWARDS

List any other scholarships or financial awards you have applied for, received or that are pending.

Scholarship	Term of Scholarship Award (1-yr., 4-yr., renewable, etc.)	Total Amount of the Award	Pending or Received
1.			
2.			
3.			
4.			

LETTERS OF RECOMMENDATION INSTRUCTIONS:

- 1. Please submit two (2) Letters of Recommendation. One letter must be from a Counselor or Teacher and one letter must be from a Community Leader. Both letters must be from individuals who ARE NOT relatives. Letters must appear on official letterhead from the school and/or community service organization and must be addressed to Delta Sigma Theta Sorority – Cincinnati Alumnae Chapter and signed and dated between 10/01/11 and 01/31/12.**

___ Letter of Recommendation from Counselor or Teacher must appear on official letterhead and include:

1. Length of time they have known you and in what capacity
2. Scholastic achievements and/or leadership involvements that qualify you for this award

___ Letter of Recommendation from a Community Leader must appear on official letterhead and include:

1. Length of time they have known you and in what capacity
2. Community service activities/involvement
3. Reference to your character

2. List names and occupations of each reference.

	Name	Occupation
1.	_____	_____
2.	_____	_____

Important Information and Application Checklist!

APPLICATION DEADLINE IS JANUARY 31st

- Eligible applicants must be graduating high school seniors that are females who are college bound with preference given to women of African American descent.
- Factors considered by the Scholarship Committee in evaluating applications include leadership, community involvement, academic achievement and financial need.
- All application materials must be submitted in one packet and **received or postmarked on or before January 31, 2012.**
- **To be considered, candidates must submit a complete application package as follows:**
 - ___ Five page application with signed Declaration below
 - ___ One page typed essay
 - ___ Official transcript **with GPA** in a sealed envelope
 - ___ Resume (Optional - to cover Part III – Work Experience)
 - ___ Two Letters of Recommendation (one from a Counselor or Teacher and one from a Community Leader. Letter must appear on official letterhead from the school and/or community service organization and must be addressed to Delta Sigma Theta Sorority - Cincinnati Alumnae Chapter between 10/01/11 and 01/31/12 with appropriate signature and date.
- **Note:** Applications received after the deadline date will not be evaluated, opened transcripts will not be accepted, and application materials will not be returned!

APPLICATIONS SHOULD BE MAILED TO:

Delta Sigma Theta Sorority, Inc.
Cincinnati Alumnae Chapter
Attention: Scholarship Committee
P.O. Box 37285
Cincinnati, Ohio 45222

SCHOLARSHIP INTERVIEW

Applicants who qualify will be contacted by the Scholarship Committee and informed of interview date, time and location. Award recipients will be notified by May 1, 2012.

Declaration

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 am willing to appear for a personal interview or to forward any additional information if necessary. I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc.

Signed _____ Date / /

Additional application forms may be obtained by writing to the address above or calling Marviette Johnson (513) 417-2824, Scholarship Chairperson.

LETTER OF RECOMMENDATION INSTRUCTIONS

On behalf of the Cincinnati Alumnae Chapter of Delta Sigma Theta, Inc, we appreciate your time in submitting a letter of recommendation on behalf of the high school senior requesting to be considered for a scholarship. Your recommendation will serve as a valuable resource in helping the student to qualify for this award.

We would like to provide you with a brief summary of the information that must be included in the letter of recommendation to insure that all submissions meet the requirements of the chapter and so that a recommendation letter is not disqualified. If you feel that you are unable to satisfy this request, please let the applicant know so she can request the support of another reference.

FOR YOUR RECOMMENDATION TO BE ACCEPTED, PLEASE READ CAREFULLY:

- All letters of recommendation must be submitted on official letterhead from the school and/or community/public service organization and should be authored by an official of the organization.
- All letters of recommendation must be addressed to: Delta Sigma Theta Sorority, Cincinnati Alumnae Chapter, Attention: Scholarship Committee, P.O. Box 37285, Cincinnati, OH 45222.
- All letters of recommendation must be signed and dated between 10/1/11 and 1/31/12.
- All letters of recommendation must be from individuals *who are not relatives* of the applicant.
- All letters of recommendation must include the length of time you have known the applicant **AND** must include the capacity in which you have known the applicant.
- All applicants have been asked to submit two letters of recommendation. One letter must be from a counselor or teacher. One letter must be from a community leader. **Please note** if you are a counselor/teacher who has served in the capacity of a community leader on behalf of the student, you will need to decide which role you will serve in submitting one letter. (In this case, the applicant must receive a second letter of recommendation from another individual).
- If you are providing the counselor or teacher recommendation, please include the scholastic achievements and/or leadership involvements you believe qualify the student for this award.
- If you are providing the community leader recommendation, please include the community service activities you have witnessed the student be involved in supporting.