**2020 Scholarship Application**

DELTA SIGMA THETA SORORITY, INC., Denver Alumnae Chapter

**DISCLOSURE**

**DEADLINE FOR APPLICATION AND ALL REQUIRED DOCUMENTATION:**

 **Midnight, FEBRUARY 1, 2020.**

**Applications will NOT be processed if postmarked or time stamped**

**(if emailed) after midnight February 1, 2020.**

*All candidates will be evaluated fairly and equitably.*

Members of Delta Sigma Theta Sorority, Inc., (financial or non-financial) and their daughters are not eligible for this scholarship.

Scholarship awards of various amounts will be awarded to several applicants. *Please note:* These scholarships are both *Financial Need and Merit-Based.* An applicant must be: An African American female; be a resident in the Denver metropolitan area; a high school graduate or graduating from high school; or have earned a GED; have financial need; have applied but not yet enrolled at an accredited two or four-year college or university, or an accredited technical school in the Denver metropolitan area; have a minimum grade point average of 2.50 on a 4.00 scale; AND not be a daughter of a member of Delta Sigma Theta Sorority, Inc.

As applicants move forward in the process, scholarship finalists are required to participate in a personal interview. Applicants will receive the date, time, and location of interviews. Relatives or guardians of applicants will not be allowed to participate in the application review, interview, or selection process. In addition, applicants who are selected for an award are also required to attend (along with their parent/guardian) a Parent/Guardian Orientation and the annual Scholarship Reception (*dates to be announced*). **Applicants that are unable to participate in either required activity may be at risk of forfeiting the scholarship.**

Selection tools, selection criteria, test scores, GPAs, class ranking, essays or other data used in evaluating candidates will not be shared with applicants. Other data used are considered confidential and will only be shared with the interview committee members.

The decisions of the Selection Committee shall be final and binding. Explanations or rationale for decisions made will not be provided to anyone, (including but not limited to), parents/guardians, high school staff. Applicants, parents/guardians agree to respect the integrity of the process and the members of the Selection Committee.

**2020 Scholarship Application Checklist**

DELTA SIGMA THETA SORORITY, INC., Denver Alumnae Chapter

**DEADLINE:** Post-marked or time stamped no later than Midnight, February 1, 2020

Email: DACSCHOLARSHIPS@DENVERDELTAS.ORG

Address: P. O. Box 7432, Denver, CO 80207

* Completed application form

*Please remember to submit all portions of the application to ensure your application will be considered.*

* + The DAC Scholarship Application is comprised of seven (7) *required* sections and a 8th *optional* section:
		1. Applicant Information
		2. Parental/Guardian Information
		3. High School & College Academic Information
		4. Community Service/Employment Information
		5. Recommendations
		6. Personal Statements 1 & 2
		7. Certification
		8. **OPTIONAL:** Additional Information
* Official high school transcript, including first semester grades for senior year.
	+ Transcript(s) must be emailed directly from the high school to: dacscholarships@denverdeltas.org
* Two (2) recommendations
	+ One from a teacher or educator
	+ A person familiar with your community service activities
	+ Remember to request recommendations before the February 1, 2020, application deadline to ensure they are received in time.
	+ You may submit up to 4 names of individuals you would like to request a recommendation.
		1. <https://form.jotform.com/93185970158164>
		2. Once you submit the names and contact information of your recommenders, an online form will be sent to them where they will be asked to complete your recommendation
* SAT or ACT Scores
	+ If SAT or SAT scores are not provided on your high school transcript, you may send an official copy along with your application.
* Your community service participation
* If selected, we reserve the right to request 1040 signed or other tax information to verify financial need.

**ELIGIBILITY REQUIREMENTS**

*Students who meet the following criteria are encouraged to apply*

* African American females
* Residents of the Denver metropolitan area
* A high school graduate or a graduating senior
* Have applied to an accredited two or four-year college or university or an accredited technical school
* Have a minimum grade point average of:
	+ 3.00 on a 4.00 scale [Denver Alumnae Scholarships]
	+ 2.50 on a 4.00 scale [Gloria Travis Tanner Scholarship]
* Not be a daughter of a member of Delta Sigma Theta Sorority, Inc.

**SELECTION CRITERIA**

**Financial Need:** The scholarship awards are both Financial Needs-Based and Merit-Based.

To ensure that a student’s need is understood, finalists will be required to

submit:

* A valid, **signed** copy of their parents’/guardians’ IRS Form 1040 for the year 2018 (pp. 1 & 2 only) and W-2 or 1099 (whichever is applicable)**.**

**Official Transcript:** An Official Transcript,from your high school, community college or

must be emailed from the school directly to the Scholarship Committee. If you have an

earned GED, please submit your GED certificate that indicates successful completion. Transcripts and certifications need to be emailed directly from the school or institution to dacscholarships@denverdeltas.org.

*High School transcripts should include:*

* GPA
* Class rank
* ACT or SAT scores – they are not always on the transcript anymore
* If scores are not on the transcript – please submit a copy
* Courses taken including college courses if applicable

**Two – 200 Word Personal Statements:** The personal statements allow applicants room for creative, meaningful self-reflection. It is also one of the few ways that the Scholarship Committee is able to garner snapshots of the applicants beyond general demographic information.

*Personal Statement Instructions:*

* Choose (2) two questions to answer from the list below.
	+ Each statement must be between 200 and a maximum of 400 words.
	+ **STATEMENTS LONGER THAN 400 WORDS WILL NOT BE READ.**
1. What difference do you want to make in the world?
2. What have you achieved that has been integral in molding your character and ambitions?
3. What about your heritage sets you apart from your peers?
4. Why are you the kind of person who is willing to stand up for what you believe in?
5. Discuss what you are passionate about and why you believe in it.
6. Discuss a time when your opinion was unpopular.
7. Tell us what you are grateful for and why.
8. Recount an incident or time when you experienced failure. How did it affect you, and what lessons did you learn?

**Community Service, Honors and Awards, and Employment Activities:** Delta Sigma Theta Sorority, Inc., is a public service sorority and Community Service is important to us as an organization. We also recognize that students today have many responsibilities. The application asks applicants about extracurricular activities, community service, religious activities as well as volunteerism and employment activities.

**Recommendations:** We require a minimum of two people to provide online

Recommendations.

* One from a teacher or educator
* Onefrom a person familiar with your community service activities.
* **Please note:** *Recommendations are also due by February 1, 2020. Remember to*

*give those providing a recommendation for you enough time for them to submit a strong recommendation for you.*

* The link to submit the names and contact information for the recommendations is: <https://form.jotform.com/93185970158164>
	+ Once you submit the names and contact information of your recommenders, an online form will be sent to them where they will be asked to complete your recommendation

**Interview:** If you are a finalist for a scholarship, you will be invited and required to

interview with the scholarship committee.

**Orientation/Reception:**  If you are awarded a scholarship, you are also required to attend

a Parent/Student Orientation and Awards Reception with their parent/guardian in

May or the award may be forfeited.

**Application Submission Information**

* Download the application
* Save it to your personal computer
* Complete the application in Microsoft Word
* Submission Option 1:
	+ Print and mail it, with all of the required documentation (refer to checklist), to DAC Scholarship Committee, P. O. Box 7432, Denver, CO 80207.
* Submission Option 2:
	+ Email the application with all of the required documentation, to dacscholarships@gmail.com.
* Remember, your application will NOT be processed if postmarked or time stamped (if emailed) after midnight on February 1, 2020.
* An incomplete application, including requested documentation, will disqualify an application from scholarship consideration.

*Page 14 has been left blank intentionally for additional comments.*

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| **1. APPLICANT INFORMATION** |

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| **FIRST NAME:** Click or tap here to enter text. **LAST NAME:** Click or tap here to enter text. |
| **STREET ADDRESS:** Click or tap here to enter text.  |
| **CITY:** Click or tap here to enter text.  | **STATE**: Click or tap here to enter text.  | **ZIP CODE:** Click or tap here to enter text. |
| **HOME NUMBER:** Click or tap here to enter text. | **CELL NUMBER:** Click or tap here to enter text. |
| **DATE OF BIRTH** (mm/dd/yyy): Click or tap here to enter text.  | **EMAIL ADDRESS:** Click or tap here to enter text. |

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| **2. PARENTAL INFORMATION** |

**Applicant primarily lives with** (choose one):

 [ ]  Both Parents [ ]  Mother [ ]  Father [ ]  Guardian

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| Is your mother a member of Delta Sigma Theta Sorority, Inc.? [ ]  No [ ]  Yes *(Daughters of members of Delta Sigma Theta Sorority, Inc., are not eligible for this scholarship award)* |

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| **Mother’s First Name:** Click or tap here to enter text. | **Mother’s Last Name:** Click or tap here to enter text.  |
| **Occupation:** Click or tap here to enter text.  |
| **Home Address** *[if different from above]:* Click or tap here to enter text.  |
| **CITY:** Click or tap here to enter text.  | **STATE**: Click or tap here to enter text.  | **ZIP CODE:** Click or tap here to enter text. |
| **HOME NUMBER:** Click or tap here to enter text. | **CELL NUMBER:** Click or tap here to enter text. |
| **Father’s/Legal Guardian First Name:** Click or tap here to enter text. | **Father’s/Legal Guardian Last Name:** Click or tap here to enter text.  |
| **Occupation**: Click or tap here to enter text.  |
| **Home Address** *[if different from above]:*Click or tap here to enter text. |
| **CITY:** Click or tap here to enter text.  | **STATE**: Click or tap here to enter text.  | **ZIP CODE:** Click or tap here to enter text. |
| **HOME NUMBER:** Click or tap here to enter text. | **CELL NUMBER:** Click or tap here to enter text. |

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| **3. HIGH SCHOOL & COLLEGE ACADEMIC INFORMATION** |

*Are you currently enrolled in:* [ ]  High School [ ]  College/Technical School [ ]  Both

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| **High School Name:** Click or tap here to enter text. | **Graduation Date:** Click or tap here to enter text. |
| **STREET ADDRESS:** Click or tap here to enter text. |

**College/Technical School/University Information**

*\*\*If you have not yet earned any college credit, please indicate that with N/A. Use the sections to indicate your top 3 college/institutional choices.*

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| **College/Technical School/University Name:** Click or tap here to enter text. | **Entry Date:** Click or tap here to enter text. |
| **street ADDRESS:** Click or tap here to enter text. |
| Have You Applied? [ ]  Yes [ ]  No | Have you been accepted? [ ]  Yes [ ]  No |
| Anticipated field of study?: |
| Please state your career goals: |
| **GPA:** Click or tap here to enter text. | **Proposed Major:** Click or tap here to enter text. | **Number of Completed Hours:** Click or tap here to enter text. |

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| --- | --- |
| **College/Technical School/University Name:** Click or tap here to enter text. | **Entry Date:** Click or tap here to enter text. |
| **street ADDRESS:** Click or tap here to enter text. |
| Have You Applied? [ ]  Yes [ ]  No | Have you been accepted? [ ]  Yes [ ]  No |
| Anticipated field of study?: |
| Please state your career goals: |
| **GPA:** Click or tap here to enter text. | **Proposed Major:** Click or tap here to enter text. | **Number of Completed Hours:** Click or tap here to enter text. |

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| --- | --- |
| **College/Technical School/University Name:** Click or tap here to enter text. | **Entry Date:** Click or tap here to enter text. |
| **street ADDRESS:** Click or tap here to enter text. |
| Have You Applied? [ ]  Yes [ ]  No | Have you been accepted? [ ]  Yes [ ]  No |
| Anticipated field of study?: |
| Please state your career goals: |
| **GPA:** Click or tap here to enter text. | **Proposed Major:** Click or tap here to enter text. | **Number of Completed Hours:** Click or tap here to enter text. |

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| **4. COMMUNITY SERVICE/EMPLOYMENT POSITION INFORMATION** |

**Community Service/ Extra-Curricular/Employment Information**

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| List your academic achievements, honors, accomplishments and the date(s) received. Click or tap here to enter text. |
| List any community service activities in which you have participated and the number of hours logged. (You may include this information as a separate attachment).Click or tap here to enter text. |
| List organizations/extracurricular activities and length of affiliation with each.Click or tap here to enter text. |

**Employment Information**

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| Do you have a paid position:[ ]  Yes [ ]  No | If yes, how many hours a week do you work?Click or tap here to enter text. | Place of Employment:Click or tap here to enter text. | Position Name:Click or tap here to enter text. |

**Community Service Information (Non-paid Participation)**

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| List your community service (non-high school) activities (e.g., church, music lessons, tutoring) and length of affiliation with each.Click or tap here to enter text. |
| List any community service activities in which you have participated and the number of participation hours. (You may include this information as a separate attachment).Click or tap here to enter text. |

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| **5. RECOMMENDATIONS** |

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| **IMPORTANT:** *Please do not wait until you submit your application to request recommendations. This ensures that your application* *will be complete by February 1, 2020.*I hereby voluntarily [ ]  **waive** OR [ ]  **do not waive** my rights under the Family Education Rights and Privacy Act of 1974, and any other applicable laws or regulations to review this student recommendation submitted on my behalf.**Recommendations:** We require a minimum of two people to provide onlinerecommendations – **one from a teacher or educator** and **one** other from a personfamiliar with the applicant’s community service. The recommendations are also due byFebruary 1, 2020. You may provide up to four (4) individuals to provide a recommendation. The link tosubmit the names and contact information for the recommendations is:<https://form.jotform.com/93185970158164> |

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| **6. PERSONAL STATEMENTS** |

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| **On pages 12 and 13 of this document, please complete a response of 200-400 words on TWO (one for each page) of the following topics:**1. What difference do you want to make in the world?
2. What have you achieved that has been integral in molding your character and ambitions?
3. What about your heritage sets you apart from your peers?
4. Why are you the kind of person who is willing to stand up for what you believe in?
5. Discuss what you are passionate about and why you believe in it.
6. Discuss a time when your opinion was unpopular.
7. Tell us what you are grateful for and why.
8. Recount an incident or time when you experienced failure. How did it affect you, and what lessons did you learn?
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| **6. a. PERSONAL STATEMENT #1** |

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| Topic Number: Click or tap here to enter text. |
| Personal Statement: Click or tap here to enter text. |
| **6. b. PERSONAL STATEMENT #2** |

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| Topic Number: Click or tap here to enter text. |
| Personal Statement: Click or tap here to enter text. |

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| **7. CERTIFICATION** |

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| I have read the Scholarship Awards Disclosure (see page 1). My signature certifies that all the information contained in my application and all requested documentation is complete, factually correct, and honestly presented. I understand that this application packet will be kept confidential and all materials submitted will become the final property of the Denver Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand that any scholarship awards will be revoked if any information contained in the application or any of the documentation is found to be false, plagiarized, or incorrect.Additionally, should I receive a scholarship, I give consent to Delta Sigma Theta Sorority, Inc., to utilize my name, photograph, and scholarship award in any publicity material.I certify that I have read, understand, and will abide by these required rules. |
| APPLICANT’S NAME/SIGNATURE: Click or tap here to enter text. DATE: Click or tap here to enter text. |
| PARENT/LEGAL GUARDIAN’S NAME/SIGNATURE Click or tap here to enter text.DATE: Click or tap here to enter text. |

Use this page to complete any answers that you could not fit into a response box or to include any additional details you would like us to know about you.

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| **8. ADDITIONAL INFORMATION** |

Click or tap here to enter text.