



**Orange County (CA) Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
A Public Service Sorority**

The Orange County (CA) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated Scholarship Awards Program provides scholarships to outstanding African-American college-bound high school students. Previous scholarship recipients currently enrolled in an accredited college or university are eligible to apply. Awards are granted annually to students who are residents of Orange County; have been accepted by an accredited college or university; and have gone through a formal application, screening and interview process with the sorority.

## **APPLICATION FOR 2024 SCHOLARSHIP AWARD**

**COMPLETE and RETURN ALL REQUIRED VIA EMAIL OR MAIL TO:  
EMAIL**

Subject: Scholarship Application  
[firstvp.ocacca@gmail.com](mailto:firstvp.ocacca@gmail.com)

**MAIL**

### **Scholarship Committee**

Orange County (CA) Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
P.O. Box 26904  
Santa Ana, CA 92799-6904

### **General Information and Instructions**

All applicants must be residents of Orange County, California.

The **complete application package** (application, transcript(s), and letters of recommendation) must be emailed or postmarked no later than **March 31, 2024**. Applications, transcripts, and letters of recommendation postmarked later than March 31, 2024 will not be considered. All materials must be submitted by email or mail to the P.O. Box -- "in person" deliveries to members of the chapter will NOT be accepted. All materials and information submitted become the property of Delta Sigma Theta Sorority, Incorporated; therefore, please maintain a copy of this application for your records.

One (1) copy of your official transcript must be sent by your high school directly to the Scholarship Committee. The official transcript must bear the school seal or be stamped. If submitting your application via email, the transcript must be emailed directly from your high school.

Three (3) letters of recommendation must be submitted which comment on your activities, character, and initiative. Letters from relatives, including step parents, guardians, and/or persons residing in your household, are not acceptable. (See Part VII.)

The criteria for selection will be based upon the following: A). quality and completeness of application package, B). service or leadership in school or community, C). scholastic achievement, D). three letters of recommendation, E). financial need, and F.) a personal interview. Please review our national website: [www.deltasigmatheta.org](http://www.deltasigmatheta.org) prior to completion of your application.

Notification of the Scholarship Committee's decision will occur no later than April 30, 2024.

Scholarship awards will be made at the beginning of the fall semester/quarter upon confirmation of registration at an accredited college or university as certified by the school Registrar. Written confirmation must be forwarded directly from the college/university Registrar by October 30 of the year in which the scholarship is awarded. Awardees should expect to receive their scholarship award approximately 15-20 days after the Orange County (CA) Alumnae Chapter receives the required proof of registration. Awards not claimed by October 30 will be forfeited.

**TYPE or PRINT ALL INFORMATION**

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	
<b>Street Address:</b>		<b>Apt #</b>
<b>City:</b>	<b>State</b>	<b>ZIP</b>
<b>Email:</b>		
<b>Daytime Telephone:</b>		<b>Cellular Telephone:</b>
<b>Current High School:</b>		
<b>Current College/University</b> (for previous OCAC-CA scholarship recipients only):		

**PART I - MISCELLANEOUS SCHOOL INFORMATION**

<b>Expected Graduation Date:</b>	<b>Principal's Name:</b>
<b>Spring Break Week:</b>	<b>Counselor's Name:</b>

**PART II - EDUCATIONAL BACKGROUND**

High School Name	School Address	Date(s) Attended	Rank in Class Class Size
			Rank:  Class Size:

**PART III - HONORS, SPECIAL TALENTS, AND WORK EXPERIENCE**

**1. Honors, Awards, and Special Talents:** (Include dates received for Honors and Awards.)


**2. Membership in Clubs/Organizations and Offices Held:** (Include dates.)


**3. Extracurricular School Activities and/or Community Activities:** (Include dates.)


**4. List any work experience:** Give job title, employer and dates of employment (Indicate both paid and volunteer work.)


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**PART IV – PERSONAL STATEMENT**

Provide your personal statement including your major goals, educational objectives and any other information that would help us in evaluating your application package. Please indicate your anticipated college major and anticipated career. (Attach an additional sheet, if needed.)

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How do the principles of Delta Sigma Theta Sorority, Incorporated align with your personal goals?

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**PART V – PROPOSED EDUCATIONAL PLAN**

In order of preference, please list the names and addresses of schools to which you have applied or will be attending for the period in which this financial assistance is requested:

	School 1	School 2	School 3
<b>SCHOOL NAME</b>			
Address			
Status of Application (Check one.)	Pending    Accepted	Pending    Accepted	Pending    Accepted
<b>ANNUAL COST</b>			
Tuition			
Books			
Room/Board			
Transportation			
Personal			
<b>TOTAL</b>			
Academic system used by each school (Check one)	Semester    Quarter Trimester	Semester    Quarter Trimester	Semester    Quarter Trimester

**PART VI - FINANCIAL PROFILE**

1. Parents or Guardians:

Last Name:	First Name:	Relationship:	
Address:	City:	State and ZIP Code:	
Occupation:	Job Title:	Employer:	
Last Name:	First Name:	Relationship:	
Address:	City:	State and ZIP Code:	
Occupation:	Job Title:	Employer:	
Other family members dependent upon parents or guardians for support:			
Name	Age	School	Grade

2. Annual Total Family Income from All Sources: (Check one)

- Less than \$20,000       \$50,001 - \$65,000       \$95,001 and above
- \$20,001 - \$35,000       \$65,001 - \$80,000       Other: Specify: \_\_\_\_\_
- \$35,001 - \$50,000       \$80,001 - \$95,000

3. Are you eligible for state and/or national grants, awards or scholarships?       Yes       No

4. Have you received or applied for other scholarships?       Yes       No

If yes, please indicate the sources(s) and amount

5. How will you finance your education?

### VII – RECOMMENDATIONS

Please submit three letters of recommendation regarding your activities, character, and initiative. These may come from your school principal, teacher, mentor, counselor, professor, minister, employer, a civic leader or person who can comment on these qualities. Letters from relatives, stepparents, guardians, and/or persons residing in your household will not be accepted. All letters must be on letterhead that includes the address and telephone number of the person making the recommendation. **(Letters emailed or postmarked after March 31, 2024 will not be considered.)**

List the name and occupation of each reference:

Reference Name	Occupation

I hereby declare that all of the above statements are true. I have also requested the necessary official transcript(s) to be forwarded directly to the Scholarship Committee. I understand that I am required to appear for a personal interview and to forward any additional information, if necessary. I agree to accept the final decision of the Scholarship Committee of the Orange County (CA) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Parent(s)/Guardian Signature:  
(Required for all applicants under the age of 18.)

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