**Orange County (CA) Alumnae Chapter**

**Delta Sigma Theta Sorority, Inc.**

***A Public Service Sorority***



The Orange County (CA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Scholarship Awards Program provides scholarships to outstanding African-American college-bound high school and undergraduate students. Awards are granted annually to students who are residents of Orange County who 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 2018 SCHOLARSHIP AWARD**

**COMPLETE and RETURN ALL REQUIRED INFORMATION TO:**

**Scholarship Committee**

Orange County (CA) Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

P.O. Box 6523, Anaheim, CA 92816-0523

**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 postmarked no later than **March 31, 2018**. Applications, transcripts, and letters of recommendation postmarked later than March 31, 2018 will not be considered. All materials must be submitted by mail to the P.O Box -- “in person” deliveries to members of the chapter will NOT be accepted. All materials and information submitted becomes the property of Delta Sigma Theta Sorority, Inc.; 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.

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.

Notification of the Scholarship Committee’s decision will occur no later than April 30, 2018.

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.

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| **TYPE or PRINT** |
| **LAST NAME:** | **FIRST NAME:** |
| **Street Address:** | **Apt #** |
| **City:** | **State** | **ZIP** |
| **Email**: |
| **Daytime Telephone**: | **Cellular Telephone**:  |
| **Current High School**: |
| **Current College/University** (for previous OCAC-CA scholarship recipients only): |

**TYPE or PRINT ALL INFORMATION**

**PART I - MISCELLANEOUS SCHOOL INFORMATION**

|  |  |
| --- | --- |
| **Expected Graduation Date:**  | **Principal’s Name:**  |
| **Spring Break Week**:  | **Counselor’s Name:**  |

**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.)

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

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

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**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 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:

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

**PART VI - FINANCIAL PROFILE**

1. Parents or Guardians:

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

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| --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Less than $20,000 | [ ]  | $51,000 - $65,000 | [ ]  | $96,000 and above |
|  | [ ]  | $21,000 - $35,000 | [ ]  | $66,000 - $80,000 | [ ]  | Other: Specify: |
|  | [ ]  | $36,000 - $50,000 | [ ]  | $81,000 - $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:

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5. How will you finance your education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 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 postmarked after March 31, 2018 will not be considered.)**

List the name and occupation of each reference:

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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, Inc.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required for applicants 18 years old or younger.)