

Monmouth County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

Standards for Scholarship Applicants

A. Eligibility:

1. The student must have a minimum academic average of "B" **on a 4.0 scale.**
2. The student must plan to attend an accredited, degree-granting four-year college or university.
3. The student must be enrolled as a graduating senior (class of 2012) in a Monmouth or Ocean County High School.
4. Students who are sons/daughters of a member of Delta Sigma Theta Sorority, Inc. are not eligible to apply.

B. Submitting the Application:

1. A transcript, three letters of recommendation, an essay (topic enclosed), and a completed application (typed or printed) are to be mailed in its entirety to:

Monmouth County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 752
Neptune, New Jersey 07754
Attention: Scholarship Chairperson

Completed applications must be postmarked by February 17, 2012.

C. Selection Process

1. The best qualified candidates will be interviewed by the Scholarship Committee
2. The awardees will be notified in writing.
3. Applicants that do not meet the above stated standards will not be considered.
4. All decisions regarding the selection of awardees are final.

PART II - EDUCATIONAL BACKGROUND

High School (s) attended:

Name	Address	Dates Attended

Honors/Awards Received _____

High School Activities _____

Community Activities _____

This section is to be completed by your guidance counselor

Scholastic Average _____ **Rank in your senior year** _____

Grade Point Average (Based on a 4.0 scale): _____

Counselor's Name: _____

Counselor's Signature: _____

PART III - WORK EXPERIENCE: SPECIAL TALENTS

1. List any work experience: Give job title(s), date(s) and employer(s):

2. Special Talents: Please indicate any special talents below:

3. Organizations: List affiliations and positions held.

PART IV - FINANCIAL STATUS

1. Yearly gross family income _____

2. Number in the family: _____ Children _____ Adults _____

3. Are any dependants in college at this time? _____ If yes, how many? _____

4. How much will your family be able to contribute to your education? _____

Required

OTHER SOURCES OF FINANCIAL AID

SOURCE	AMOUNT	FROM WHOM
Your Earnings: (i.e., part-time job, summer job)		
Supplemental Educational Opportunity Grant SEOG		
State Grant(s)		
Other Grant(s)		
National Direct Student Loan		
Bank Loan		
College Work Study		
Scholarships		
From the College		
Other (Give Source)		
Total Amount		XXXXXXXXXXXXXXXXXXXX

PART V - SCHOOL INFORMATION

1. Have you applied for admission to a college or a university? Yes_____No_____

Intended Major_____

College/University	Application Status Pending/Accepted	Cost Per Year

PART VI - RECOMMENDATIONS

1. Please attach three signed letters of recommendation from:

- a. Department Head, Guidance Counselor or Principal
- b. Teacher
- c. Minister, civic leader, professional, or non-relative who can attest to your character.

PART VII - PERSONAL DATA

- 1. Attach a 500 word typed double spaced essay defending your stand on a political topic affecting today's society.
- 2. Enclose a photograph (3x5) (not returnable)
- 3. Please indicate if anyone from your family is a member of Delta Sigma Theta Sorority. Inc. and your relationship to that person_____

I hereby declare that all above statements are true. I have requested the necessary official transcripts to be forwarded to the Scholarship Chairperson. I am willing to appear for a personal interview and to forward any additional information deemed necessary. I agree to accept the decision of the Scholarship Committee as final.

Signature of Applicant: _____

Signature of Parent or Guardian_____

DEADLINE: Must be postmarked by February 17, 2012