



DELTA SIGMA THETA SORORITY
TAMPA ALUMNAE CHAPTER
2009-2010 Scholarship Information

January 2010

The Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is a public service organization. One of our service projects is recognizing outstanding academic achievement of graduates within Hillsborough County. This recognition includes the awarding of scholarships and book stipends to high achieving students like you.

The application process is designed to provide the scholarship committee with information that will help us determine the recipients of scholarships and/or book stipends that we will award. Read through all the information provided to obtain the requirements and get answers to questions you may have pertaining to the process.

Eligibility is for current female high school seniors, preference to Black or African Americans, who meet the following qualifications:

1. Is enrolled in an accredited public, charter, parochial or private high school in Hillsborough County, Florida;
2. Has at least a 3.50 weighted or un-weighted grade point average (GPA) on a 4.0 scale;
3. Plans to attend an accredited institution of higher education in the U.S.

What is required of you in this process?

1. Print and complete the application packet provided on this website: www.dstta.org.
Be sure to include a wallet size photo.
2. Send an **official transcript** along with the completed packet.

3. Postmark your material by Friday, February 26, 2010. *(extended to March 12th)*

4. Mail to:
Scholarship Committee
Tampa Alumnae Chapter, Delta Sigma Theta Sorority, Inc
P.O. Box 360091
Tampa, Florida 33673-0091

Frequently Asked Questions

1. What is the selection process?

- ❖ Qualified applicants, who have submitted all required materials by the postmark deadline, may be invited to meet the scholarship committee for an interview.
- ❖ Applications will be evaluated based on the information provide by mail and during the time that you meet with the committee.
- ❖ You will receive a phone call or a letter to schedule your interview with the Delta Sigma Theta Scholarship Committee.

2. When and where will I meet the committee, if invited?

- ❖ You will meet with the committee during the month of March and/or April. The meeting place will be determined at a later date.

3. What happens if I am selected to receive a scholarship?

- ❖ Scholarship recipients will be announced at our annual **May Week** program, scheduled to be held on **Saturday, May 1, 2010, 1:00 P. M. at Brooks-Debartolo High School**. You and your parents will receive an invitation to attend.

4. What is the scholarship disbursement process?

- ❖ After enrollment into an accredited college or university each, recipient will be required to send documentation of enrollment by a deadline date in order to receive funds. This information will be given in detail at our May Week program.

5. What should I wear to the interview?

- ❖ Professional business attire is appropriate.

6. How much money will I be awarded if I am a recipient of a scholarship?

- ❖ Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. has awarded more than \$100,000 in scholarships and book stipends during the past five years. Individual awards range between \$250 and \$4,000.

7. What happens if I cannot attend the scheduled interview?

- ❖ Applicants who cannot attend **must** call 813-685-7584
813-335-2664

Print the following Scholarship Application Package on the following pages.

COVER SHEET



**Tampa Alumnae Chapter
Delta Sigma Theta Sorority, Inc**

Photo (required)

Last Name: _____ **First** _____ **MI.** _____

School: _____

Mailing Address: _____

City: _____ **State** _____ **Zip** _____

Telephone: (Home) _____ **Cell)** _____

Email: _____

FORM 1



DELTA SIGMA THETA SORORITY
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BIOGRAPHICAL QUESTIONNAIRE

The following questions are designed to learn more about you. Responses to Section A (applicant) and Section B (family) are beneficial to the committee as we evaluate candidates. The selection of scholarship recipients is influenced by **the completeness of your responses to the questions**. Please limit your answers to the space provided. **The information that you share will be kept confidential and will be shared only with members of Delta Sigma Theta Sorority.**

A. Applicant

1. Last Name: _____, First _____ MI _____

2. Permanent Home Address: _____

City: _____ State: _____ Zip Code _____

3. Telephone: (Home) _____ (Cell) _____

4. Email Address _____

5. What plans do you have for financing your education?

(Check all that apply)

____ Parents ____ Florida Prepaid Plan ____ Student Loan

____ Grant(s) ____ Bright Futures Scholarship ____ Work Study

____ Scholarships ____ Other(s) (list) _____

6. List scholarships that you have already been awarded:

7. **Are you employed?** a) ____ YES ____ NO

b) If Yes, Where? _____ c) How long? _____

8. Special talents or skills:

List skills and talents that you possess: _____

9. **Do you have a “financial hardship,”** have faced a significant roadblock, and/or challenge? _____ Yes _____ No
 (If you checked **yes**, submit a one (1) page, typed double-spaced explanation of your situation.)

10. **Tell us about your community service and extra-curricular activities.** (Include only information related to activities during your four years of high school. Place a star {*} next to the activities that you personally initiated.)

Activity/Organization	Grade Level	Positions Held	Honors/Award Earned

B. Family

1. Enter complete information about your parent(s) or legal guardian(s)

Father/Male Guardian

Mother/Female Guardian

Name: _____

Occupation/Title: _____

2. Enter the name of the parent/guardian with whom you live: _____

3. Do you have siblings? _____ Yes _____ No
 If yes, how many? _____
 Number of Brothers: _____ Age(s) _____
 Number of Sisters: _____ Age(s) _____

Are any of your siblings enrolled in an institution of higher learning? __ Yes __ No

4. What was your parent(s)/guardian(s) approximate combined income before taxes last year? Include all sources (taxable and non-taxable). Answer is optional. Mark only one

___ Less than \$10,000 ___ \$31,000 - \$40,000 ___ \$60,000 - \$75,000
 ___ \$11,000 - \$20,000 ___ \$41,000 - \$50,000 \$ ___ 76,000 - \$100,000
 ___ \$21,000 - 30,000 ___ \$52,000 - \$60,000 ___ Over \$100,000

5. **Do you receive Free or Reduced School Lunch?** _____ Yes _____ No

FORM 2



DELTA SIGMA THETA SORORITY
TAMPA ALUMNAE CHAPTER

RECOMMENDATION

Student's Name _____

Please submit two (2) recommendations (**Form 2**) along with your application. One form should be completed by a community representative (i.e. minister, employer, etc.). The second form should be completed by a school representative (i.e. teacher, counselor, principal, coach, etc.).

To the Person completing this form:

The student listed above is applying for a scholarship from Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. We would appreciate your assistance in helping us evaluate this student by completing the form below. **Please use this space only. Do not attach a separate letter.**

Instructions: Please place an **X** under the number that best describes this student.

(1 is the lowest and 5 is the highest.)

Characteristics	1	2	3	4	5
Achieves to her level of ability					
Is goal oriented					
Is committed to school and community					
Uses resources to the best of her ability					
Completes tasks in a timely manner					

Comments if desired:

Signature: _____

Print name: _____

Title _____ Date _____

May we contact you if additional information is needed? _____ Yes _____ No

If yes, please list contact information

Telephone: (Work) _____ (Cell) _____ (Home) _____

Email: _____

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Email: _____

FORM 3



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APPLICATION CERTIFICATION

By signing this form I hereby give permission to Delta Sigma Theta Sorority, Inc. to utilize my name and scholarship award in any publicity or marketing materials. I also declare that the information and statements provided are true and complete to the best of my knowledge and understand that false statements may be sufficient cause to disqualify my application.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

CHECK LIST:

1. ___ I have enclosed my completed packet.
2. ___ I have enclosed two recommendation forms.
3. ___ I have enclosed an official copy of my transcript.
4. ___ I have signed the application.
5. ___ My parent or guardian has signed the application.
6. ___ I have mailed my application in time to meet the **Friday, February 26, 2010** postmark deadline.
7. ___ I have enclosed my one page "financial hardship" explanation, if applicable.

Mail to:

Scholarship Committee
Tampa Alumnae Chapter, Delta Sigma Theta Sorority, Inc.
P.O. Box 360091
Tampa, Florida 33673-0091