



BEXAR AREA ALUMNAE CHAPTER

BAAAC

EST
2014

DELTA SIGMA THETA SORORITY, INC.



2019
Scholarship
Application

SCHOLARSHIP APPLICATION

PLEASE complete using word processing. Click on the link to download the application: bexarareadst.org

NAME _____

HOME ADDRESS _____

STREET AND NUMBER

CITY STATE ZIP CONTACT NUMBERS 1. _____
2. _____

DATE OF BIRTH _____
Mo/Day/Year

U. S. CITIZEN _____
Yes No

FAMILY INFORMATION:

PARENTS ARE: MARRIED DIVORCED SEPARATED SINGLE

PARENTS'/GUARDIANS' NAME(S) _____

FATHER'S EMPLOYER OR BUSINESS _____
ADDRESS _____

MOTHER'S EMPLOYER OR BUSINESS _____
ADDRESS _____

HOW MANY IMMEDIATE FAMILY MEMBERS ARE CURRENTLY ENROLLED IN COLLEGE? _____

EDUCATION:

Complete the following: (Use additional sheets if needed.)

HIGH SCHOOL ATTENDING _____

EXTRA-CURRICULAR ACTIVITIES

HONORS, AWARDS, ACHIEVEMENTS

SPECIAL SKILLS AND/OR TALENT

COMMUNITY/FAITH-BASED INVOLVEMENT

WORK EXPERIENCE

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND

1st CHOICE _____
(NAME AND CITY)

2nd CHOICE _____
(NAME AND CITY)

WHAT IS YOUR ANTICIPATED ACADEMIC MAJOR? _____

WHAT ARE YOUR EDUCATIONAL PLANS BEYOND FOUR YEARS OF COLLEGE?

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

This scholarship is not affiliated with any other programs of Delta Sigma Theta Sorority, Inc. DELTA SCHOLARSHIP: DREFT - A PROJECT OF DELTA SIGMA THETA SORORITY, INC. All documents submitted becomes property of Bexar Area Alumnae Chapter. Relatives of members of the Bexar Area Alumnae Chapter are NOT eligible to apply for this Scholarship. Decisions of the scholarship/selection committee are final and are not subject to appeal.

ESSAY:

Essay response should be 750-1000 words, word processed, double-spaced using 12 pt. font. Please make sure your name is on each page of your essay response.

Essay Prompt

In your opinion who is the most influential African American in the 21st century and why?

Bexar Area Alumnae Chapter of Delta Sigma Theta Sorority Scholarship Application

RECOMMENDATION FORM

DIRECTIONS: This form must be completed by a Teacher, Counselor, Community Service Supervisor, Faith-Based Service Supervisor, Volunteer Service Supervisor or an adult who has personal knowledge about you.

Please return this recommendation form to the student in a sealed envelope **with your signature** across the seal of the envelope.

Student Name _____
LAST
FIRST
MIDDLE

Name of person providing recommendation _____
Position _____

How long have you known this student and in what capacity?

Please complete the chart below by placing a check in the appropriate box.

	Excellent 1	Above-Average 2	Average 3	Below-Average 4
Academic Achievement				
Community Involvement				
Creativity				
Discipline in Work Habits				
Independence				
Leadership Ability				
Maturity				
Motivation				
Reliability				

Additional Comments:

Please add your scores and write the total below.

Total score _____

Signature

Date

Email address & Contact number _____

Instructions for Scholarship Application Submission & Enrollment Verification

(Retain this copy for your records)

- Download the application: bexarareadst.org
- Read all instructions completely.
- Contact your references as soon as possible and remind them of the submission deadline *(Saturday, April 20, 2019, postmarked 11:59 p.m. CST/CDST)*
- Use the following checklist to ensure all items are placed in the mailing envelope.
 - Official high school transcript which includes first semester grades of the senior year.
 - Make sure you list all present and past school activities, community/faith-based service and/or work experience.
 - A minimum of two sealed letters of recommendation (Teacher/Counselor, Community/First Based/Volunteer Service and/or Personal Reference).
 - Essay

Mail the completed packet through the U.S. Postal Service/FedEx/UPS by deadline date *(Saturday, April 20, 2019, postmarked 11:59 p.m. CST/CDST)*. ***A return receipt is recommended.*** Address your packet to:

Delta Sigma Theta Sorority, Inc.
c/o Zelda T. Felder, President
Scholarship Committee
P. O. Box 2014
Universal City, TX 78148

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