

**Delta Sigma Theta Sorority Inc.
Buffalo Alumnae Chapter
SCHOLARSHIP APPLICATION***

This Scholarship is for African-American students of the Buffalo/Niagara Region.

Name _____ Telephone Number _____

Address _____ City _____

Zip Code _____ Birth Date _____

Email Address _____

School _____ Graduation Date _____

Major _____ Grade Point Average _____
(January 2020)

Father's Name _____

Address _____

Occupation _____

Mother's Name _____

Address _____

Occupation _____

Brothers and Sisters

Age

School or Occupation

1. _____
2. _____
3. _____
4. _____
5. _____

List Special Honors & Awards (Include membership in Honor Societies):

List All Extra Curricular School and Community Activities:

Hobbies and Special Skills:

Church Affiliation and Church Activities:

What College or University do you plan to attend?

Have you been accepted? _____ YES _____ NO

Annual College Expenditures:

Travel	_____
Tuition/Fees	_____
Clothing	_____
Room/Board	_____
Books/Supplies	_____
Other	_____

List all other scholarships for which you have applied:

1. _____

2. _____

3. _____

References: Two letters of reference from individuals who have knowledge of your academic, extra-curricular activities, and community service **must accompany this application.** Relatives and friends are not acceptable. List names of references below.

Name _____ Telephone Number _____

Address _____

Name _____ Telephone Number _____

Address _____

How did you find out about the Delta Sigma Theta Scholarship?

Please write an essay *about yourself and what has influenced your desire to seek higher education.* The essay must be between 250 and 350 words. Attach the essay to your application. It must be typed and double spaced. The essay will be rated as a part of the application process.

Please type your information into the form before downloading. Applications along with supporting documentations should be emailed as one attachment to scholarshipdst@gmail.com. Please do not take photos with your phone of required documents as they will not be accepted

Applications that are being mailed via U.S. postal mail **MUST also be typed,** include all supporting documentation and sent to the Attention of Dr. Ramelli Choates

**Delta Sigma Theta Sorority, Inc.
Buffalo Alumnae Chapter
P.O. Box 625
Buffalo, New York 14215
Phone (716) 241-1812 - Email – scholarshipdst@gmail.com**

An **official transcript and two letters of recommendation** must also be submitted in order for the application to be considered. Please contact your high school Guidance Counselor in order to complete this process.

All documents **must be postmarked by Wednesday, April 1, 2020.** Applications received after this date will not be eligible for consideration. A personal interview is a part of the application process and applicants will be contacted by mail with a specific appointment date and time.

Please note: Applications lacking any of the required documentation (completed application, two reference letters, essay, and official school transcript) will not be considered.

***Children, grandchildren and siblings of members of Buffalo Alumnae Chapter, Delta Sigma Theta Sorority, Inc. are ineligible for this scholarship.**