



DELTA SIGMA THETA SORORITY, INC.
Waukegan Alumnae Chapter
P.O. Box 972 | Waukegan, IL 60079

Email: dstwkgnscholarship@yahoo.com

ANNUAL SCHOLARSHIP APPLICATION

Delta Sigma Theta Sorority, Inc. is an organization of college educated women committed to the constructive development of its members and to public service with a primary focus on the Black community. The Waukegan Alumnae Chapter serves Lake County, Illinois and honors African American and Latino students who are committed to academic excellence, good character, positive leadership, and community service by awarding scholarships to those who meet the following eligibility criteria.

ELIGIBILITY CRITERIA:

- African American/Latino female or male high school senior
- Resides in and attends high school in Lake County, Illinois
- Possess a minimum cumulative GPA of 2.5 on 4.0 scale
- Demonstrated leadership ability by verifiable participation in extracurricular activities, Lake County community organizations (including faith-based organizations), and/or employment
- Plan to attend an accredited college/university/technical institute on a **full-time** basis no later than Fall 2019.

A complete application packet will include the following:

- A completed scholarship application
- A sealed official high school transcript
- Two (2) reference letters in **sealed** envelopes. One must be from the school on official letterhead. The other can be obtained from a Lake County Community Organization/Employer. A personal letter of reference can be the second letter. It must come from someone who IS NOT a family member. **Both letters must be typed, signed by the author, and include a phone number for the author to be reached if needed.**
- A typed essay on the topic given in the Essay Topic and Guidelines section of the application
- All required signatures (pen and ink).

COMPLETED APPLICATIONS MUST BE POSTMARKED BY

MARCH 31, 2019.

EVALUATION/AWARD PROCESS:

- Incomplete applications will not be considered*
- All applicants will be notified of the committee's decision in writing in April of the current year.
- Scholarship awards will be paid in the name of the recipient upon receipt of proof of full-time enrollment from the Accredited College/University Registrar
- Scholarship award must be used within **sixty (60) days** of receipt of pay out or will be forfeited/cancelled
 - ***Applications submitted on a form that has not been approved and issued by Delta Sigma Theta Sorority Inc. Waukegan Alumnae chapter will not be accepted.**



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**PLEASE DIRECT ALL QUESTIONS/CONCERNS
REGARDING THIS APPLICATION AND/OR THE APPLICATION PROCESS
TO THE SCHOLARSHIP COMMITTEE
E-MAIL: dstwkgnscholarship@yahoo.com**

Attach a recent color photo here on page 2 of this application; preferably a head shot that can be used for publication.

PHOTO



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PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK

Applicant Information			
Applicant Name:			
Address:			
City:	State:	Zip:	
Phone (Home): ()		Phone (Mobile): ()	
➤ Email:		Ethnicity (check one): <input type="checkbox"/> African American <input type="checkbox"/> Latino	
Age:	Birth Date:	Gender: Female Male	
School Information			
High School:			
Address:			
Counselor's Name:			
Overall GPA: scale	on 4.0	Graduation Date:	Class Rank:
Family Information			
Parent/Guardian Name:			
Address:			
City:	State:	Zip:	
Phone (Day): ()		Phone (Evening): ()	
Email:		Employer:	
LIST ALL SIBLINGS LIVING IN THE SAME HOUSEHOLD WITH YOU			
Name:	Age:	School:	
Name:	Age:	School:	
Name:	Age:	School:	
Name:	Age:	School:	
Name:	Age:	School:	



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Activities Information		
List your extracurricular school and community activities during grades 9-12. If additional space is required, attach one (1) 8½ x 11 sheet.		
Community/Public Service Activities		
Organization	Dates MM/YY - MM/YY	Level of Participation (i.e. office held, honors, volunteer)
	-	
	-	
	-	
	-	

Extracurricular Activities		
Organization	Dates MM/YY - MM/YY	Level of Participation (i.e. office held, honors, volunteer)
	-	
	-	
	-	
	-	

Awards/Recognitions		
Organization	Date MM/YY	Award



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Work Experience Information
Please provide your work experience for the past three (3) years. Write "None" if you did not work.
Employer 1:
Job Title:
Duties:
Dates Employed (MM/YY – MM/YY):
Employer 2:
Job Title:
Duties:
Dates Employed (MM/YY – MM/YY):
Employer 3:
Job Title:
Duties:
Dates Employed (MM/YY – MM/YY):

References Information
Provide two (2) reference letters in sealed envelopes. One must come from the school. List both names below.
Name of Teacher, School Counselor Or School Administrator (Past or Current):
Name of Community Leader/Personal Reference or Employer:



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Education Plan Information
Desired Major:
Name of College/University you plan to attend:
Location of College/University (City, State):

Essay Topic and Guidelines Information
<p>ESSAY TOPIC/WRITING PROMPT: Identify a major challenge that you experienced during high school and tell how you were able to meet the challenge in order to excel. Give specific examples.</p> <p>The essay should be no more than <u>two typed pages</u>, 12-point Times News Roman or Arial font, double-spaced, 1" margins, top, bottom, left, and right. Check for spelling and grammar. The content should fully address the writing prompt.</p>



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Applicant Declaration Information

I, the applicant, declare that all of the statements in this application are true. Any false information may disqualify me as an applicant and potential recipient of any scholarship awards to be given by Delta Sigma Theta Sorority, Inc., Waukegan Alumnae Chapter. I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc., Waukegan Alumnae Chapter in the event of any outcome.

Furthermore, if a scholarship is awarded to me, I give permission for my name, school information, quotations, and photograph to be used by Delta Sigma Theta Sorority, Inc., Waukegan Alumnae Chapter in print or online for the sole purpose of promoting its scholarship program in the infinite future.

Applicant Signature: _____ Date: _____

Print Name: _____

IF APPLICANT IS UNDER AGE 18:

Parent/Guardian Signature: _____ Date: _____

Print Name: _____



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Application Submission Information

APPLICATIONS MUST BE POSTMARKED BY MARCH 31, 2019.

MAIL TO:

Delta Sigma Theta Sorority, Inc.
Waukegan Alumnae Chapter
ATTN: Scholarship Committee
P.O. Box 972
Waukegan, IL 60079

Direct all questions/concerns regarding this application and/or the application process to the Scholarship Committee via email: dstwkgnscholarship@yahoo.com

