



Delta Sigma Theta Sorority, Inc.—Westchester Alumnae Chapter  
Scholarship Application 2011-2012

**I. PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City, State Zip

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
month/day/year

E-Mail Address: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_  
*If different than above*

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_  
Number Street City, State Zip

Dates Attended: *from* \_\_\_\_\_ *to* \_\_\_\_\_ Current GPA\*: \_\_\_\_\_ Scale of \_\_\_\_\_  
*\*Must have a cumulative GPA of 'B'/83% Average or Higher*



**II. ORGANIZATIONAL INVOLVEMENT, HONORS & SPECIAL INTERESTS**

(Include all leadership activities, special programs, internships, etc. in which you have been involved.)

1. List the organizational memberships and offices you have held in your school.

*Organizations*

*Office(s) Held and Year*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List the organizational memberships and offices you have held in your community.

*Organizations*

*Office(s) Held and Year*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List your Honors and Awards and the Year You Received Them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List Your Special Interests:

\_\_\_\_\_

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**III. WORK EXPERIENCE (Optional—You may attach a current resume for Part III)**

List any work experience (Include job title, employer and dates of employment)

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_

**IV. PROPOSED EDUCATIONAL PLANS: Must include the following information.**

**1. REQUIRED BIOGRAPHICAL SKETCH:**

△ Attach a Double-spaced Typed Essay (250-500 Words) Entitled *“DST Scholarship Essay”*

△ Include the Following Information at the Top of Your One Page Document

- Your Name
- Your Telephone Number(s)
- Your Home Address
- Your E-Mail Address

△ **Must Address the Following Three Topics:**

- ❖ Your Life Goals (academic, professional, and personal)
- ❖ Your Community Service Activities and Any Special Honors Received
- ❖ How Obtaining A Scholarship From Westchester Alumnae Chapter Will Benefit You.

**2. POTENTIAL SCHOOL (COLLEGE/UNIVERSITY):**

	<i>INSTITUTION 1</i>	<i>INSTITUTION 2</i>	<i>INSTITUTION 3</i>
<b>Institution Name</b>			
<b>Institution Location (City &amp; State)</b>			
<b>Application Status</b>	<input type="radio"/> Pending <input type="radio"/> Accepted <input type="radio"/> Rejected	<input type="radio"/> Pending <input type="radio"/> Accepted <input type="radio"/> Rejected	<input type="radio"/> Pending <input type="radio"/> Accepted <input type="radio"/> Rejected
<b>Annual Tuition</b>	\$	\$	\$
<b>Books &amp; Supplies</b>	\$	\$	\$
<b>Room &amp; Board</b>	\$	\$	\$
<b>Personal Expenses</b>	\$	\$	\$
<b>Total Annual Cost</b>	\$	\$	\$

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**V. FINANCIAL STATUS:**

1. Parent/Guardian

Mother's Name: \_\_\_\_\_  
Last First Middle

Occupation/Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle

Occupation/Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Number in Household \_\_\_\_\_ Number of Dependents in household: \_\_\_\_\_  
 Number of Dependents currently attending a college or university: \_\_\_\_\_

**3. ANNUAL TOTAL FAMILY INCOME**

*Please indicate your family income range by checking the appropriate box below:*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> \$15,000 and Below   | <input type="checkbox"/> \$41, 000 - \$60,000 | <input type="checkbox"/> \$101, 000 and Above |
| <input type="checkbox"/> \$16, 000 - \$24,000 | <input type="checkbox"/> \$61,000 - \$80,000  |   |
| <input type="checkbox"/> \$25,000 - \$40,000  | <input type="checkbox"/> \$81,000- \$100,000  |   |

**4. FINANCIAL NEED**

If applicable, please attach a separate sheet explaining your financial need.  
*You may want to address any special circumstances that you would like the committee to consider; if there is anything that would keep you from receiving financial assistance; or, if you are currently receiving free or reduced lunch.*

**VI. OTHER SCHOLARSHIP/FINANCIAL AWARDS**

List any other scholarships of financial awards for which you have applied, received or that are pending.

Gifts, Awards & Scholarships	Term of Award (1 yr; 4 yr; Renewable, etc.)	Total Amount of the Award
1.		
2.		
3.		
4.		
<b><i>Grand Total Gifts, Awards &amp; Scholarships</i></b>		



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**VII. RECOMMENDATIONS**

**Please submit Two (2) Letters of Recommendation:**

\_\_\_\_ (A) Recommendation from Guidance Counselor/Teacher or School Official must include:  
Completed School Official Recommendation Form

\_\_\_\_ (B) Letter of Recommendation from Community Service Leader/Supervisor or Church Official must address:

1. Length of time they have known you and in what capacity
2. Description of your community activities/involvements
3. Description of your character
4. Recommender's job title and contact information

- Δ Recommendations may **NOT** be from persons who are **RELATIVES** of the applicant
- Δ Letters must be addressed to **Delta Sigma Theta Sorority, Inc. – Westchester Alumnae Chapter**
- Δ **Must be written on recommender's official letterhead, signed, and dated between October 1, 2011 and February 29, 2012**
- Δ **Submitted in an official sealed envelope with the recommender's signature across the seal**
- Δ **Recommendation letters must be returned to you for submission with the application package**

*A complete Scholarship application may be obtained and printed from the website at [www.dstwac.org](http://www.dstwac.org)*

*Delta Sigma Theta Sorority, Inc.—Westchester Alumnae Chapter*  
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**SCHOOL OFFICIAL RECOMMENDATION FORM**

Applicant Name: \_\_\_\_\_

This student is an applicant for a scholarship awarded by Westchester Alumnae Chapter as well as several memorial scholarship endowments administered through Westchester Deltas Inc.(WDI). WDI is an independent 501(c)(3) foundation committed to awarding grants & scholarships to organizations that promote economic development, educational development, and physical & mental health initiatives. You can learn more about these scholarships and our organizations at the following websites: [www.dstwac.org](http://www.dstwac.org) and [www.westchesterdeltasinc.bbnw.org](http://www.westchesterdeltasinc.bbnw.org). All information is considered confidential.

**To the Recommender:** After completing this recommendation form, return it to the applicant in a sealed envelope with your signature on the seal. This recommendation is a required part of the scholarship application package so a prompt return to the applicant is important in order to meet the following deadline: February 29, 2012. If you have any questions, please contact Ms. Terry A. Joyner, Scholarship Co-Chairperson at (914) 948-4483.

**Please complete Sections A, B, and C of this recommendation form.**

**Section A:** Recommender’s Information

Name & Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

High School: \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Recommender’s Signature & Date : \_\_\_\_\_

**Section B:** Please rate the applicant using the scale below.

<i>Scale Item</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>No Basis for Judgment</i>
<i>Academic Performance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication/Interpersonal Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Work Ethic and Responsibility</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Creativity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self Confidence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Community Service/Citizenship</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Diligence/Commitment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Motivation to attend College</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Over]

**SCHOOL OFFICIAL RECOMMENDATION FORM**

Please indicate the level of importance you think this scholarship award would be to the applicant's ability to successfully matriculate at a four-year institution.

1 – Not Important    2 – Slightly Important    3 – Average    4 – Important    5 – Very Important

**Section C:** Please type or neatly print your responses. (Or attach a separate letter on official letterhead.)

Please comment on the applicant's access to programs, organizations, curriculum or other events providing exposure to college matriculation.

Please describe below what you think is important for us to know about this applicant's scholastic achievements and/ or involvements that qualify **her** for this award. Please include anecdotes highlighting characteristics such as problem-solving, leadership, creativity, intellectual curiosity, team building, initiative, etc.

After completing this recommendation form, return it to the applicant in a sealed envelope with your signature on the seal.



### *Dr. Dorothy Irene Height Trailblazer Award Application*

In honor of our 10<sup>th</sup> National President of Delta Sigma Theta Sorority, Inc., Dr. Dorothy Irene Height, we are offering an endowment scholarship in her name. For nearly half a century, Dr. Height was a trailblazer who gave leadership to the struggle for equality and human rights for all people. Dr. Height earned her bachelor's and master's degrees from New York University and completed her postgraduate degree at Columbia University and the New York School of Social Work. In 1937 she served as Vice President of the United Christian Youth Movement of North America. For thirty-three years (1944 - 1977), Dr. Height served on the staff of the National Board of the YWCA of the USA and held several leadership positions, including Director for the Center of Racial Justice. She became known for her internationalism and humanitarianism, and conducted international studies and traveled to expand the work of the YWCA. Dr. Height was elected National President of Delta Sigma Theta Sorority in 1947 and served until 1956. She carried the Sorority to a new level of organizational development, initiation eligibility and social action throughout her term. Her leadership training skills, social work background and knowledge of volunteerism benefited the Sorority as it moved into a new era of activism on the national and international scene. In 1957, Dr. Height was elected fourth National President of NCNW and served until 1998 when she became Chair and President Emerita.

#### *Criteria for Dr. Dorothy Irene Height Trailblazer Award*

We seek to recognize an exceptional young woman of action, who is following Dr. Height's personal legacy to social action and community change. Her life exemplified her passionate commitment for a just society and her vision of a better world. As Dr. Height was a woman who led by example, we use her words as the torch to recognize the leadership and community service of our young women: *"Without community service, we would not have a strong quality of life. It's important to the person who serves as well as the recipient. It's the way in which we ourselves grow and develop."*

*"I want to be remembered as someone who used herself and anything she could touch to work for justice and freedom.... I want to be remembered as one who tried. "*

If you feel you meet these criteria, please complete a double spaced typed essay (250 – 500 words) to address the question below:

Dr. Dorothy I. Height was a trailblazer and civil rights pioneer: What social cause have you undertaken in high school? Please describe the project and how you have attempted to make a difference and the impact of this project.

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**APPLICANT ELIGIBILITY:**

- Δ African American female high school senior
- Δ Westchester County resident or attend a Westchester County High School and graduate by June 2012
- Δ Minimum cumulative Grade Point Average of 'B' or 83% average, 3.0 on a 4.0 scale, or 4.0 on a 5.0 scale
- Δ Applied for Fall 2012 admission/enrollment in a four-year college or university

**EVALUATION CRITERIA**

- Δ Factors considered by the Scholarship Selection Committee in evaluating applications include leadership, community involvement, academic achievement, and financial need.
- Δ **Unofficial and/or unsealed transcripts as well as recommendations will not be accepted.**
- Δ **Applications received after the deadline, Wednesday, February 29, 2012 will not be reviewed.**
- Δ *Incomplete applications will not be reviewed.*
- Δ **NOTE: Application materials will not be returned.**

**APPLICATION CHECKLIST**

- Δ Completed application and supporting documents must be mailed or postmarked on or before February 29, 2012 and consists of the following:
  - Completed application with signed *Declaration and Parental Consent Signature Forms*
  - A Double spaced typed Biographical Essay(250 – 500 words)
  - Official transcript with cumulative **GPA requirement** in a sealed envelope
  - SAT and ACT** listed on transcript or official form
  - Resume (Optional – to complete *Part III – Work Experience* on application)
  - Two recent Letters of Recommendation written to **Delta Sigma Theta Sorority, Inc.—Westchester Alumnae** and **submitted on official letterhead with signature across the envelope seal**
  - If you are applying for the Dr. Dorothy I. Height Trailblazer Award – double spaced essay(250-500 words)

**SCHOLARSHIP INTERVIEW**

Applicants who qualify will be contacted by the scholarship committee and informed of interview date, time and location. Interviews will be scheduled between March 19 and March 24, 2012. Award recipients will be notified by mid-April 2012.

**COMPLETED APPLICATIONS SHOULD BE MAILED TO:**

Delta Sigma Theta Sorority, Inc. - Westchester Alumnae Chapter  
**Attention: Scholarship Committee**  
P.O. Box 268  
White Plains, NY 10602

**DECLARATION**

I hereby declare that all of the above statements are true. I have also included with this application the necessary official transcript and letters of recommendation in sealed envelopes. I am willing to appear for a personal interview and to forward any additional information if necessary. I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc. - Westchester Alumnae Chapter.

\_\_\_\_\_

*Applicant Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

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**Release of Official Documents Form**

Delta Sigma Theta Sorority, Inc.  
Westchester Alumnae Chapter  
P.O. Box 268  
White Plains, NY 10602

Guidance Counselor's Name: \_\_\_\_\_

High School: \_\_\_\_\_

City: \_\_\_\_\_

Dear Guidance Counselor:

My daughter, \_\_\_\_\_, is an applicant for scholarships awarded by Westchester Alumnae Chapter and several memorial scholarship endowments administered through Westchester Deltas, Inc., (WDI). This letter authorizes you to release an official copy of her high school transcript to Westchester Alumnae Chapter for consideration. The transcript should include: class ranking as well as SAT scores and/or ACT scores, if possible. If test scores are not included on the transcript, an official copy of them must be enclosed. Please send this information to the address listed below, postmarked by Wednesday, February 29, 2012:

Delta Sigma Theta Sorority, Inc.  
Westchester Alumnae Chapter  
C/o Ms. Terry A. Joyner, Scholarship Co-Chair  
PO Box 268  
White Plains, NY 10602

Thank you kindly

Date: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**Photo Release Form**

Delta Sigma Theta Sorority, Inc.  
Westchester Alumnae Chapter  
P.O. Box 268  
White Plains, NY 10602

Permission to Use Photograph(s)

Event: Scholarship Interviews and Reception

I grant to **Westchester Alumnae Chapter** the right to take photographs of me and my family in connection with the above-identified event. I authorize **Westchester Alumnae Chapter**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Westchester Alumnae Chapter** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)