



Delta Sigma Theta Sorority, Inc.

San Jose Alumnae Chapter
A Public Service Sorority
P.O. Box 6841
San Jose, CA 95150-6841
www.sjadeltas.org

Dear Student,

It is with great pleasure that the San Jose Alumnae Chapter of Delta Sigma Theta Sorority, Inc. announces its 2017 Scholarship Program.

You have been identified as a student who may qualify for one of our scholarships. This competitive scholarship will assist you in pursuing your educational endeavors.

Enclosed are the *Scholarship Application, Guidelines, and Information*. Your application and supporting documentation must be postmarked on or before **Friday, January 13, 2017**. If you have questions, please feel free to contact:

Summer N. Jackson
(510) 473-5222
sjascholarships@gmail.com.

If you are selected for an interview, interviews will be held on February 4, 2017.

We wish you all the best as you strive to attain your educational goals.

Teri Biffle

Summer N. Jackson
Scholarship Chairpersons
Delta Sigma Theta Sorority, Inc.
Scholarship Chairpersons
San Jose Alumnae Chapter

Kim Jacocks

President
Delta Sigma Theta Sorority, Inc.
San Jose Alumnae Chapter

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2017 Scholarship Application Guidelines and Information

Eligibility Requirements:

- ✓ Scholarship application and supporting documents **must be postmarked by Friday, January 13th 2017**. Incomplete applications will not be considered.
- ✓ Relatives by blood, marriage or adoption of members of Delta Sigma Theta Sorority, Inc. are **NOT** eligible.
- ✓ Applicant must be of African American descent.
- ✓ Award selection will be based upon scholastic achievement and participation in school and/or community activities.
- ✓ Applicant must matriculate to an accredited two or four year-college or university in the Fall 2017.
- ✓ An applicant **MUST** participate in an interview. Recipients will be honored at annual luncheon, participation is **requested**.
- ✓ The applicant must have achieved a cumulative **GPA of 2.75 or higher** and must be a graduating senior from any Santa Clara County high school.

Your application packet should include:*

1. A completed Delta Sigma Theta Sorority, Inc., San Jose Alumnae Chapter Scholarship Application.
2. An **official** transcript embossed with the school seal and included in a sealed envelope.
3. One letter of recommendation verifying *academic accomplishments from a teacher, counselor, or principal on official letterhead*.
4. One letter of recommendation verifying service to your *church or a civic/community organization on official letterhead*. (Both letters must include the name of the person writing the letter, the writers title, how long the writer has known the applicant and in what capacity; and any special skills or talents they have observed.)
5. A photograph, size not to exceed 4" x 6".
6. A type written autobiographical essay.
 - Essay should not exceed 750 words, typed and double-spaced
 - Include the student's educational and professional goals with an explanation of how you plan to achieve these goals
 - Include any information that points to your unique character and circumstances and that you feel make you deserving of this scholarship

Please send your completed application and supporting documents to:

Delta Sigma Theta Sorority, Inc.
San Jose Alumnae Chapter
c/o Ms. Summer N. Jackson
P.O. Box 3925
Hayward, CA 94540

* No application materials will be returned.



**SAN JOSE ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
WWW.SJADELTAS.ORG
SCHOLARSHIP APPLICATION**

DEADLINE: FRIDAY, JANUARY 13, 2017

PART 1: PERSONAL INFORMATION (*please print or type*)

A. Applicant's Full Name

Street Address:

City/State/Zip:

Home Phone:

Cell Phone:

E-mail Address:

B. Parent(s).Guardian Information:

Please provide the following information about the parent(s) or guardian you reside with.

Father or Male Guardian

Home Address:

City/State/Zip:

Home Phone:

Cell Phone:

E-mail Address:

Mother or Female Guardian

Home Address:

City/State/Zip:

Home Phone:

Cell Phone:

E-mail Address:

PART II: EDUCATION AND ACTIVITIES

A. High School _____ Graduation Date _____
School Address: _____

B. College/University planning to attend _____

C. Select one: 2 year or 4 year

D. Awards and/or Honors:

E. High School activities (clubs, offices held, athletics, etc.):

F. Community Service and/or Church Activities:

G. List names and amounts of scholarships you have applied for and/or received:

Applicant Signature _____ Date _____

Return all scholarship application documents by **Friday, JANUARY 13, 2017** to:



Summer Jackson
P.O. Box 3925
Hayward, CA 94540

FOR USE BY SAN JOSE ALUMNAE CHAPTER, DELTA SIGMA THETA SORORITY, INC ONLY:

Application: Y/N Transcript Y/N Letters of Recommendation Y/N Essay Y/N 4x6 photo Y/N Accepted/Rejected

Interview Date and Time _____

Reason for rejection: _____ Date returned: _____