



## VII. ESSENTIAL ITEMS

**ALL OF THE FOLLOWING ITEMS MUST BE ATTACHED TO YOUR APPLICATION TO BE CONSIDERED FOR A SCHOLARSHIP. VERIFY BY PLACING A CHECK MARK IN THE BOX NEXT TO EACH ITEM.**

- 1. A copy of ACT or SAT scores. (**PSAT scores will not be accepted.**)
- 2. Proof of family financial income: **SIGNED** family **1040 Income Tax Return for 2008** or **2009** or an official letter from the D.C. Resources Department certifying income.
- 3. Two letters of Recommendation:
  - A. From the Principal, Counselor, or major academic advisor highlighting academic achievement.
  - B. One letter from the organization verifying community service involvement. (State duties and show total hours earned.)
- 4. Typed, one page autobiographic sketch including: academic/career goals, community service involvement, a statement of why the scholarship is important to you and the expected benefit to be derived.
- 5. Official High School Transcript (as of February 2010). Must include a cumulative grade point average (GPA).

**DEADLINE: POSTMARKED NO LATER THAN MARCH 31, 2010**

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Signature of Principal or Counselor

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Phone Number

## VIII. MAILING INFORMATION

**MAIL COMPLETED PACKAGES TO: Washington DC Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 90202  
Washington, DC 20090-0202  
ATTENTION: Scholarship Committee**

**\*NOTE: ALL ITEMS MUST BE SUBMITTED AS ONE COMPLETE APPLICATION PACKAGE. INCOMPLETE PACKAGES WILL NOT BE CONSIDERED OR RETURNED. IF THERE ARE QUESTIONS REGARDING THE APPLICATION PROCESS, CONTACT GLORIA ADAMS, SCHOLARSHIP CHAIRPERSON AT 202-726-8291 or e-mail [scholarship@wdcac.org](mailto:scholarship@wdcac.org) .**

Are you presently matriculating at a college/university? Yes \_\_\_\_ No \_\_\_\_

List name(s) and location(s) of colleges/universities to which you have applied for fall admission:

Name of College \_\_\_\_\_ Location (Street Address, City/State/Zip Code) \_\_\_\_\_

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Proposed College Major: \_\_\_\_\_

#### IV. FAMILY INFORMATION

Name of Mother/Female Guardian or Father/Male Guardian\* \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address, Apt. Number) (City/State/Zip Code)

Phone Number \_\_\_\_\_  
(Home) (Day) (Evening)

\*(Indicate gender and relationship)

#### V. CERTIFICATION

I consent to my child's application for a Delta Sigma Theta scholarship and understand, if awarded, the funds will be made payable to the student and his/her college/university and will be sent directly to the college/university. Please indicate by your signature below that you certify that the foregoing statements are correct.

\_\_\_\_\_  
(Parent/Guardian) (Month/Date/Year)

\_\_\_\_\_  
(Student/Applicant) (Month/Date/Year)

#### VI. SCHOLARSHIP CRITERIA

**ALL CRITERIA BELOW MUST BE MET TO BE ELIGIBLE FOR THIS SCHOLARSHIP. PLEASE VERIFY BY PLACING A CHECK MARK IN EACH BOX.**

- A. Must be a resident of Washington, DC.
- B. Must attend a Washington, DC Public or Private High School
- C. Must be a 2010 graduating senior.