

# Indianapolis Alumnae Chapter – Delta Sigma Theta Sorority, Incorporated

### 2024 Scholarship Program

#### **Scholarship Awards**

The Indianapolis Alumnae Chapter will award the following scholarships:

- \$5,000 Fortitude Scholarships
- \$2000 Pearl Scholarships
- \$500 Book Awards

Scholarships will be awarded during the first semester of the candidate's freshman year; and only after receiving documented proof of enrollment in a four (4) year accredited academic college/university. Scholarship awards will be forfeited if proof of enrollment is not received by the established deadline of the committee.

### **Eligibility Criteria**

Eligibility for this scholarship is limited to African American high school seniors who have already applied to a school and identify as female, regardless of sex assigned at birth, expression, or perceived expression, and reside in the following areas: Avon, Brownsburg, Carmel, Fishers, Greenwood, Indianapolis, Kokomo, Lafayette, Plainfield, West Lafayette, and Zionsville. All applicants must have a minimum GPA of 3.0 on a 4.0 scale or equivalent.

### **Application, Selection and Notification Process**

Applications, essay, and interviews are scored, and scholarships will be awarded based on academic achievement, character, community service activities, extracurricular activities, interview score and financial need.

### **Important Dates**

Application Deadline All materials must be emailed to <u>scholarship@dstiac.org</u>	11:59 ET pm on March 31, 2024
Applicant Interviews	April 20, 2024
Scholarship Winners Announced	No later than May 6, 2024
IAC Award Recognition Event	Sunday, May 19th

A complete submission includes Student Application, Student Certification, Student Essay, and one (1) Academic Recommendation Form. Each of the aforementioned documents must be complete to be considered.

Delta Sigma Theta Sorority, Inc. was founded by 22 young women at Howard University in Washington D.C. on January 13, 1913. In 1930 the organization was incorporated for the purposes of providing services and programs to promote human welfare. From the first undergraduate chapter, Alpha Chapter, the sorority has grown to an organization of over 1,060 chartered chapters with more than 350,000 members nationally and internationally.

Delta has a national Five Point Program in the areas of

- Educational Development
- Economic Development
- International Awareness & Involvement
- Political Awareness & Involvement
- Physical & Mental Health

Originally chartered in Indianapolis, Indiana on March 14, 1925, as Chi Chapter, the Indianapolis Alumnae Chapter was restructured as a graduate chapter in January 1978. The Indianapolis Alumnae Chapter now boasts over 400 financial members and continues to grow and prosper.

As one of its local programs, the Indianapolis Alumnae Chapter has sponsored scholarships to local high school seniors for decades. We believe that aiding in the education of our young people is the key to opening the door to educational advancement, economic development, and political awareness. Furthermore, education at a college or university has been shown to be beneficial to the physical and mental health of the students attending.

### **Applicant Information**

Name:			
Mailing Address:			
City	Zip:		
Phone #1:			
Phone #2:			
Email:			
Date of Birth:			
Parent/Guardian's Name:			
Is your mother a member of Delta Sigma Theta Sorority,	Inc.?	Yes	No
High School:			

List extracurricular activities in which you have participated, and offices held (i.e., athletics, band, clubs).

List any honors and awards received in high school.

Describe any community service projects or unique endeavors in which you have been involved.

### PROPOSED EDUCATION PLAN

In order of preference, please list the names of the schools to which you have applied or will be attending for the period in which this financial assistance is requested.

	School Choice 1	School Choice 2	School Choice 3
University/College Name			
Status of Application	Pending Accepted	Pending Accepted	Pending Accepted

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FINANCIAL STATUS	

- Are you applying for this scholarship on a "needs-based" request? Yes No If yes, please answer questions 2 and 3.
   If no, move forward to the Student Certification section.
- 2. What is your family's adjusted gross income? \$0-\$39,999 \$40,000-\$79,999

\$80,000 and above

3. How many dependent children (ages 23 and below) does this income support?

### **Student Certification**

I will graduate this spring and plan to continue my education in college starting in the fall of 2024. I have requested the necessary official transcripts to be forwarded directly to the Scholarship Committee and am willing to appear for an interview. I certify that all the information on this form is true and complete to the best of my knowledge. And if asked by the Scholarship Committee, I agree to provide documentation to support information given on this application.

Also, if I am awarded a scholarship, I agree to provide the requisite enrollment documents to the Scholarship Committee within the prescribed deadline or I will forfeit the funds. I understand that financial information will be confidential and reviewed solely by the Scholarship Committee of the Indianapolis Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Furthermore, I agree to accept the final award decision of the Scholarship Committee of the Indianapolis Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Student Name:

Student Signature

Parent/Guardian Name:

Parent/Guardian Signature

Date:

Date:

## Submit Typed Student Essay

In no more than 500 words, respond to the following question: Describe your future career goals. Why does this interest you? What steps have you taken to explore your career possibilities? (volunteer, intern, job shadow, etc.)

### ACADEMIC TEACHER RECOMMENDATION FORM

**To the teacher or counselor**: The above-named student has applied for a scholarship from the Indianapolis Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Please return this form to the student so that it may be submitted with the application by March 31, 2024.

Student's Name: High School Attending: Teacher/Counselor's Name: Title:

To the best of your knowledge, please select one (1) of the following responses for each of the following areas:

Behavior
Consistently appropriate
Usually well behaved
Seldom appropriate
Inappropriate
<u>Initiative</u>
Actively creative
Self-reliant
Seldom initiates
Merely conforms
Concern for others
Deeply concerned
Deeply concerned
Deeply concerned Somewhat concerned
Deeply concerned Somewhat concerned Self-centered
Deeply concerned         Somewhat concerned         Self-centered         Indifferent         Responsibility
Deeply concerned Somewhat concerned Self-centered Indifferent
<ul> <li>Deeply concerned</li> <li>Somewhat concerned</li> <li>Self-centered</li> <li>Indifferent</li> <li>Responsibility</li> <li>Assumes responsibility</li> <li>well</li> </ul>
<ul> <li>Deeply concerned</li> <li>Somewhat concerned</li> <li>Self-centered</li> <li>Indifferent</li> <li>Responsibility</li> <li>Assumes responsibility</li> <li>well</li> <li>Usually dependable</li> </ul>
<ul> <li>Deeply concerned</li> <li>Somewhat concerned</li> <li>Self-centered</li> <li>Indifferent</li> <li>Responsibility</li> <li>Assumes responsibility</li> <li>well</li> </ul>

### **Integrity**

- \_\_\_\_ Consistently trustworthy
- \_\_\_\_ Generally honest
- \_\_\_\_ Questionable at times
- \_\_\_\_ Not at all dependable

#### <u>Industry</u>

- \_\_\_\_ seeks additional work
- \_\_\_\_ Completes task regularly
- \_\_\_\_ Needs occasional prodding
  - Needs constant pressure

#### Influence/Leadership

- \_\_\_\_ Judgement well respected
- \_\_\_\_ Willing to contribute
- \_\_\_\_ Cooperative with others
- Negative

#### **Emotional Capacity**

- \_\_\_\_ Soundness/strength
- \_\_\_\_ Well-balanced
- fragile
- Unpredictable/fickleness

Please list this student's weaknesses:

Any additional information that would prove to be helpful, such as known financial needs or work experience:

Teacher's estimate of this student's future success, based on the purpose of this application (Please circle response):

Little success May encounter some difficulty Average Above Average

Specific Recommendation:RecommendNot recommended thatthis student participate

Date:

**Teacher Signature:** 

This is a handy checklist to ensure you will submit a completed application packet.

- □ Official transcript emailed to scholarship@dstiac.org
- □ Student Application
- □ Student Certification
- □ Student Essay
- □ Academic Recommendation Form

Note: All correspondence will be sent to the primary email address provided on the application.