

DELTA SIGMA THETA SORORITY, INC., INDIANAPOLIS ALUMNAE CHAPTER

*A PUBLIC SERVICE SORORITY*

**2018 SOROR SCHOLARSHIP APPLICATION**

**General Information, Guidelines and Instruction:  
FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL DISQUALIFY  
THE APPLICATION FROM CONSIDERATION**

- △ Each year, upon availability of funds, the Scholarship and Education Committee will award a scholarship to financial members of the Indianapolis Alumnae Chapter.
- △ The applicant must be a financial and active member of the Indianapolis Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for one year prior to the application, as well as, being financial in the year of application. A financial member is defined as one who pays both local and national dues. An active member is defined as one who serves on *at least* one (1) committee for the current sorority fiscal year.
- △ Any soror seeking to further her career is eligible to receive the soror scholarship.
- △ Upon application, the applicant *must show proof of acceptance* into a program. However, prior to receiving any scholarship funds from the chapter, the soror *must show proof of enrollment*. No funds will be released to the soror without proof of enrollment. Proof of enrollment is due by December of the year of application or scholarship funds will be forfeited.
- △ The applicant must complete all four (4) parts of the application and sign the Certification.
- △ All applications must be post marked by the **April 30, 2018**.
- △ All applicants must submit one (1) sealed letter of recommendation from a financial soror of the Indianapolis, Alumnae Chapter – preferably a committee chair.
- △ The scholarship is not renewable and each soror must reapply annually.
- △ **TYPE** or **PRINT** all information. Mail completed application packet to:

**Delta Sigma Theta Sorority, Inc.  
ATTN: Scholarship Committee  
PO Box 1364  
Indianapolis, IN 46206-1364**

**DELTA SIGMA THETA SORORITY, INC. – INDIANAPOLIS ALUMNAE CHAPTER  
2018 SOROR SCHOLARSHIP APPLICATION  
(Please Print or Type All Information)**

**PART I: APPLICANT INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**PART II: EDUCATION**

1. Please Provide Present Educational Status. Check highest level.

- Bachelor's Degree
- Master's Degree
- Doctorate
- Professional (Law, Medicine)
- Other (Specify) \_\_\_\_\_

2. Colleges and Universities Attended. A copy of transcript and/or diploma from the current/last degree granting college or university listed must be submitted with this application. Please list current or most recent school first.

College/University	Location/Address	Years Attended	Degree Received

**PART II: DELTA SIGMA THETA SORORITY, INC. BACKGROUND**

1. Full name at time of Initiation: \_\_\_\_\_
2. Member #: \_\_\_\_\_
3. Date of Initiation: \_\_\_\_\_
4. Chapter of Initiation and location (include college/university if applicable)  
\_\_\_\_\_

PART III: ACTIVITIES AND PROFESSIONAL EXPERIENCE

1. List current active memberships of Indianapolis Alumnae Chapter committees.

Committee	Chair	Length of Membership

2. List and describe your activities in the Indianapolis Alumnae Chapter in the last three

(3)

years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List any work experience within the last three (3) years. Please give job title, employer and dates of employment beginning with your most current employer.

Employer	Location/Address	Job Title	Dates of Employment

<b>PART IV: PROPOSED CAREER PLAN</b>
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Please explain how this scholarship will assist you in achieving your career goals. You may use the space below or attach a separate piece of paper. Please include your name on any additional attachments.

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**SOROR SCHOLARSHIP APPLICATION CHECK LIST AND CERTIFICATION**

Please complete all sections of the application and mail:

- Δ Completed Application with signed Certification
- Δ Copy of Transcript
- Δ One (1) letter of recommendation from a financial soror – preferably a committee chair
- Δ Any additional attachments with your name included on each document.

To: Delta Sigma Theta Sorority, Inc.  
ATTN: Scholarship Committee  
PO Box 1364  
Indianapolis, IN 46206-1364

**CERTIFICATION**

I, *(please print name)* \_\_\_\_\_,  
certify that all of the information on this form is accurate and complete to the best of my knowledge. I am willing to appear for a personal interview or forward any additional documentation for information given on this form. I understand that before any funds will be released to me, I am required to provide proof of enrollment by December of the year of my application. If I do not provide the proof of enrollment by the deadline, I will forfeit any scholarship funds that have been awarded. Furthermore, I agree to accept the decision of the Scholarship and Education Committee of the Indianapolis Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

\_\_\_\_\_  
Soror Applicant Signature

\_\_\_\_\_  
Date