



---

New Jersey Garden City Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is a private, non-profit organization whose purpose is to provide community services and programs and to promote human welfare. As a national and international sisterhood of college trained women, New Jersey Garden City Alumnae Chapter is most pleased to announce the annual ***New Jersey Garden City Alumnae Memorial Scholarship Program***. This scholarship was established to provide encouragement for young African-American college bound women in pursuit, not only of post-secondary education, but also academic excellence.

The Chapter's scholarship program is based on the following criteria:

- SAT Scores
- Grade Point Average
- Typewritten composition (250 words) entitled, "How Can I Utilize My Abilities to Benefit the African-American Community?"
- 2 References (1 from principal / counselor and 1 for community service)

Each area of the criteria is structured to provide information on the selection of a well-rounded student. Therefore, it is incumbent the applicant give equal weight to each area mentioned above.

Application Deadline: March 30, 2012

---

**DELTA SIGMA THETA SORORITY, INC.**  
**New Jersey Garden City Alumnae Chapter Memorial Scholarship**

The *New Jersey Garden City Alumnae Memorial Scholarship Program* was established to help African-American female students in need of financial assistance pursue a college degree program upon completion of high school. This is a scholarship of \$1,500 payable one time only to two (2) students upon proof of registration from the institution.

**GENERAL INSTRUCTIONS**

1. Deadline for submission of application is March 30th (postmark). Your high school may require an earlier submission date.
2. Incomplete applications will not be considered.
3. Transcripts of grades 9 – 11 must be sent.
4. A typewritten composition of 250 words on "How Can I Utilize My Abilities to Benefit the African-American Community?" must be submitted with your application.
5. Completed applications should be submitted to:  
Delta Sigma Theta Sorority, Inc.  
New Jersey Garden City Alumnae Chapter  
Scholarship Committee  
PO Box 556  
Sicklerville, NJ 08081

**DIRECTIONS TO THE APPLICANT**

- \_\_\_\_\_ 1. Fill in completely all applicable items from 1 to 15. Please type all information. Further explanation on any item may be made under item 17. The Scholarship Committee may request additional information from applicants.
- \_\_\_\_\_ 2. Item 16 is to be used by you to provide the Scholarship Committee with information that you feel will promote your selection. You must include the following information. (1) Your extra curricular activities; (2) your educational or professional goals; (3) jobs you have held; (4) community and school service; (5) your leadership roles in school; and (6) special home or family situations. Additional sheets may be used.
- \_\_\_\_\_ 3. You should enclose at least 2 recommendations from either your principal, counselor, teacher, or any other individual who has knowledge of your qualifications. One must be from either the principal or counselor. Another summary appraisal letter must provide insight into any community service projects in which you have regularly participated.
- \_\_\_\_\_ 4. Make sure that you have enclosed with this application the required copies of all recommendations. Be sure to affix sufficient postage. Do not send original documents since they cannot be returned.
- \_\_\_\_\_ 5. When you have completed your portion of the application, take the application and supporting documents to your guidance counselor for completion of the school's portion. The school's office should mail the application.

**Delta Sigma Theta Sorority, Inc.**  
**New Jersey Garden City Alumnae Chapter Memorial Scholarship**  
**Applicant Information**

1. Name \_\_\_\_\_ Email: \_\_\_\_\_  
Last First

2. Address \_\_\_\_\_  
Number Street Apt. County State Zip

3. Phone \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_ 5. Age \_\_\_\_\_ 6. Sex \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_  
HIGH SCHOOL JUNIOR HIGH SCHOOL ELEMENTARY SCHOOL

10. Colleges Applied to: (In order of preference)  
 a. \_\_\_\_\_ d. \_\_\_\_\_  
 b. \_\_\_\_\_ e. \_\_\_\_\_  
 c. \_\_\_\_\_ f. \_\_\_\_\_

11. Special Talents / Hobbies  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Community Involvement (List each organization and your office along with year.)  
 a. \_\_\_\_\_  
NAME OF ORGANIZATION NAME OF OFFICE EVER HELD YEAR  
 b. \_\_\_\_\_  
NAME OF ORGANIZATION NAME OF OFFICE EVER HELD YEAR

**FAMILY DATA**

13. CIRCLE ONE Father, Stepfather or Guardian  
 \_\_\_\_\_  
NAME  
 \_\_\_\_\_  
STREET ADDRESS  
 \_\_\_\_\_  
CITY, STATE, ZIP

14. CIRCLE ONE Mother, Stepmother or Guardian  
 \_\_\_\_\_  
NAME  
 \_\_\_\_\_  
STREET ADDRESS  
 \_\_\_\_\_  
CITY, STATE, ZIP



**DELTA SIGMA THETA SORORITY, INC.**  
**New Jersey Garden City Alumnae Chapter Memorial Scholarship**

**DIRECTIONS TO THE COUNSELOR**

Please check the application to ensure that the applicant has completed her portion of the application and included supporting recommendations.

- a. Please enclose a copy of the applicant's transcript for grades 9 – 12.
- b. The application with all supporting documents should be postmarked by March 30th.

**SCHOLASTIC INFORMATION**

- 18. Scholastic Average (7 semesters) \_\_\_\_\_ (Submit transcripts)
- 19. Rank in class (7 semesters) \_\_\_\_\_ Percentile standing \_\_\_\_\_
- 20. Graduation is anticipated \_\_\_\_\_ June

**PRINCIPAL OR COUNSELOR**

- 21. Please attach a summary appraisal of the candidate, assessing her academic and personal qualities. Include any special quality or talent she possesses.

Principal or Counselor

Summary Appraisal of Candidate: \_\_\_\_\_

Name of Appraiser: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**DELTA SIGMA THETA SORORITY, INC.**  
**New Jersey Garden City Alumnae Chapter Memorial Scholarship**

**Community Service Appraisal**

22. Please attach a summary appraisal of the candidate, assessing her community service involvement and length of time. Include any special positions or projects which give insights into the candidate's commitment to providing services to her community.

Summary Appraisal of Candidate: \_\_\_\_\_

Name of Appraiser: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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