



TRACY AREA ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INC. SCHOLARSHIP APPLICATION PACKET

To: All Tracy, Manteca, Lathrop, Mountain House, Ripon, Patterson, and French Camp
African American High School Seniors

From: Tracy Area Alumnae Chapter Scholarship Committee

Date: December 14, 2023

Re: Scholarship Packet Submittal

The Tracy Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is currently accepting scholarship applications from Tracy, Manteca, Lathrop, Mountain House, Ripon, Patterson, and French Camp high school seniors. Applicants must be of African American descent. Immediate family members of Tracy Area Deltas (members of Delta Sigma Theta Sorority, Inc.) are only eligible for the Memorial scholarship.

To be considered for an interview and a potential scholarship award, all of the following items must be postmarked by March 22, 2024 to:

Delta Sigma Theta Sorority, Inc.
Tracy Area Alumnae Chapter
C/O: Dana Cooper
P.O. Box 1240
Tracy, CA 95378

1. Scholarship application (2 pages).
2. An official transcript (must be received in a sealed envelope). The transcript must be embossed with the school seal. ***Request official transcripts from your school as soon as possible!***
3. Two (2) letters of recommendation from the following:
 - a) One from church, civic or community group in which the student is/was involved.
 - b) One from a high school teacher, counselor, or principal.
4. A **typewritten** autobiographical essay. Please include your educational and professional goals with an explanation of how you plan to achieve these goals. (Essay should be at least one full page, not to exceed 500 words)
5. A photograph (suggested size not to exceed a 4" x 6" snapshot).

Note: If any items listed above are missing, the applicant is considered disqualified.

For more information about Delta Sigma Theta Sorority, Inc., visit our website at www.deltasigmatheta.org. Additional information about the Tracy Area Alumnae Chapter can be found at www.tracyareadeltas.com.

ELIGIBILITY REQUIREMENTS

Select One of Three Scholarship Options:

Memorial Scholarship criteria:

- A relative of a Tracy Area Alumnae Chapter member
- High School Senior accepted for admission in a two or four-year degree granting college/university
- Demonstrate community volunteerism within your school or community
- A minimum cumulative grade point average (GPA) of 2.75

General Scholarship criteria:

- A resident of Tracy, Manteca, Lathrop, Mountain House, Ripon, Patterson, and French Camp
- High School Senior accepted for admission in a two or four-year degree granting college/university
- Demonstrate community volunteerism within your school or community
- A minimum cumulative grade point average (GPA) of 2.75

Daniel Whitehurst Scholarship criteria:

- Unhoused Student
- GPA: 3.0 or higher
- 2 Letters of Recommendation
- 2-year, 4 year or Vocational Institutions
- Student must reside or is sheltered in the DST TAAC service area (listed on page 1)

****Delta Membership:** A member is a Soror who is in good standing with the Tracy Area Alumnae Chapter

**** Relative:** Relative is defined as immediate family members, including legally adopted child or person for which you serve as legal guardian, including foster children, stepchildren, parents, grandparent(s), brothers, sisters, daughters, sons, nieces, nephews

PHOTO RELEASE

I, _____, along with my parent/legal guardian _____ hereby grant permission and give my consent to Delta Sigma Theta Sorority, Inc. Tracy Area Alumnae Chapter for the use of my photograph on social medial platforms and/or other written or electronic news sources to announce the chapter's annual awards or other related news.

I understand that I may revoke this authorization at any time.

Images will be kept as long as they are relevant. after which time they will be destroyed or archived. Photograph(s) or electronic media images will not be returned to the Releasor

**TRACY AREA ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION**

Deadline: 3/22/2024

(Please print legibly in pen or type information)

Applicant's Full Name _____

Address _____

City, State, Zip _____

Phone # _____

Email: _____

Applicant living with (check one):

Both Parents _____ Mother _____ Father _____ Guardian _____

BACKGROUND

Mother's or Guardian's
Name _____ Occupation _____

Father's or Guardian's
Name _____ Occupation _____

Other dependent sisters or brothers living at home or in college:

Name	Age	School/College	Grade/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use additional sheet if necessary)

Are there any unusual family circumstances that should be considered? Explain and continue on additional paper if necessary.
