



**New Jersey Garden City Alumnae Chapter**  
**DELTA SIGMA THETA SORORITY, INCORPORATED**

Delta Sigma Theta Sorority, Incorporated is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. As a national and international sisterhood of college trained women, the New Jersey Garden City Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated is most pleased to announce its annual ***New Jersey Garden City Alumnae Chapter Education Enrichment 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:

- Completed Application
- ACT/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 that the applicant gives equal weight to each area mentioned above.

Young ladies from **Camden County** and **Gloucester County** are welcome to apply.

**Application Deadline: April 17, 2023 (postmark)**

**\*\* Must be present for award on June 9, 2023\*\***

**New Jersey Garden City Alumnae Chapter**  
DELTA SIGMA THETA SORORITY, INCORPORATED  
Education Enrichment Program

The *New Jersey Garden City Alumnae Chapter Education Enrichment Program* was established to help outstanding African American female students pursue a college degree program upon completion of high school. This is a scholarship of \$2,000 payable one time, upon proof of registration from the institution.

**GENERAL INSTRUCTIONS**

1. Deadline for submission of application is April 17, 2023(postmark). Your high school may require an earlier submission date.
2. Incomplete applications will not be considered.
3. Transcripts of grades 9 – 12 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 and typed applications should be printed and sent to:

New Jersey Garden City Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
Attn: Scholarship Committee  
PO Box 556  
Sicklerville, NJ 08081

**DIRECTIONS TO THE APPLICANT**

1. Complete 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 17 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 extracurricular 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 pages 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 typed application the required copies of all recommendations. Be sure to affix sufficient postage. Do not send original documents since they cannot be returned.

**\*\*\*ENTIRE APPLICATION MUST BE TYPED\*\*\***

**New Jersey Garden City Alumnae Chapter Education Enrichment Program**

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**APPLICANT INFORMATION**

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

2. Address \_\_\_\_\_  
Number Street Apt. City 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. Will you be a first-generation college attendee? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. CIRCLE ONE Father, Stepfather or Guardian

15. CIRCLE ONE Mother, Stepmother or Guardian

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CITY, STATE, ZIP

**\*\*\*ENTIRE APPLICATION MUST BE TYPED\*\*\***

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16. Brothers and Sisters Living with you:

NAME

AGE

OCCUPATION OR SCHOOL (SPECIFY)

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**STATEMENT OF APPLICANT**

17. STATEMENT AND EXPLANATION OF APPLICANT – Use extra pages if necessary. (Explanations which apply to a specific item should be preceded by the number).

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18. SPECIAL PROGRAMS     Upward Bound     Other (please specify) \_\_\_\_\_

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**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 must be postmarked by April 17, 2023.

**SCHOLASTIC INFORMATION**

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

**PRINCIPAL OR COUNSELOR**

22. Please attach a summary appraisal of the candidate on school letterhead, assessing her academic and personal qualities. Include any special quality or talent she possesses. Please include a signature and date.

**COMMUNITY SERVICE APPRAISAL**

23. Please attach a summary appraisal of the candidate on letterhead, 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. Please include a signature and date.