



Dear Applicant:

Thank you for your interest in the DELTA SIGMA THETA SORORITY, INC. ACADEMIC SCHOLARSHIP awarded by the Joliet Area/South Suburban Alumnae Chapter (JASSAC). The amount granted for the General Academic Scholarship is \$1000.00.

TO BE ELIGIBLE FOR THE JASSAC DELTA SIGMA THETA ACADEMIC SCHOLARSHIP, YOU MUST BE A PERSON OF COLOR GRADUATING SENIOR AND MEET THE FOLLOWING CRITERIA:

- Attend high school and reside in our chapter service area. *
- Have a cumulative G.P.A. of at least 2.75/4.0 scale or 3.75/5.0 scale

A COMPLETE APPLICATION PACKET CONSISTS OF: Parents initials are required.

Initials: _____ Completed application form

Initials: _____ Personal Statement

Two (2) letters of recommendation:

Initials: _____ ***One*** on organization's letterhead documenting your active involvement in community Service

Initials: _____ ***One*** on high school's letterhead from a teacher or counselor

Initials: _____ **Official High School Transcript in a separate sealed envelope**

Initials: _____ Copy of official ACT or SAT scores, if not on transcript please include an official copy

Initials: _____ Copy of acceptance letter to an accredited college or university

MAIL COMPLETED APPLICATION PACKET TO:
Delta Sigma Theta Sorority, Inc.
Joliet Area/South Suburban Alumnae Chapter
P.O. Box 706
Matteson, IL 60443

(No email applications will be accepted.)

All Materials Must Be received by March 13, 2019 for consideration.

Questions can be directed to: Yvonne Wells (708) 203-0553

Scholarship Application available on our website – www.jassacdeltas.org



ACADEMIC SCHOLARSHIP APPLICATION

DEADLINE: MARCH 13, 2019

PLEASE PRINT OR TYPE - ONLY LEGIBLE APPLICATIONS WILL BE PROCESSED

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Home Address: _____

City: _____ State: Illinois Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Current High School: _____

Current G.P.A. _____

High School Counselor: _____

Counselor's Phone Number: _____

Counselor's Email Address: _____

Intended College Major _____

Is your parent or guardian a member of Delta Sigma Theta Sorority, Inc. ____ Yes ____ No
(if yes, you are not eligible for this scholarship)

Is your parent or guardian a financial member of Joliet Area/South Suburban Alumnae Chapter?
____ Yes ____ No **(if yes, you must fill out the Jane Hall Bowman application)**

COLLEGES or UNIVERSITIES YOU ARE CONSIDERING

Academic Scholarship Application 2019 | Delta Sigma Theta Sorority, Inc

JASSAC P.O. Box 706, Matteson, IL 60443

www.jassacdeltas.org scholarship@jassacdeltas.org



1. College/ University: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip: _____

2. College/ University: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip: _____

3. College/ University: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip: _____

****Please note that the Scholarship check will be mailed directly to the college or university the student is attending so it is important that the address to the Financial Aid Office is correct.****

If you are the recipient of a scholarship, you will be required to provide one of the following as proof of enrollment which may include but not limited to:

- Signed Housing Contract
- School Schedule
- School ID
- Official Admission Letter

Due by June 1, 2019 or you will forfeit the scholarship offer.

Academic Scholarship Application 2019 | Delta Sigma Theta Sorority, Inc

JASSAC P.O. Box 706, Matteson, IL 60443

www.jassacdeltas.org scholarship@jassacdeltas.org



COMMUNITY SERVICE INVOLVEMENT

*** Please list and explain any community service activities (school or non-school related) in which you are actively involved. If there is not enough space, please attach a one page document, with your name, explaining your involvement.**

**Submit one (1) letter of recommendation
on the official organization letterhead
to document your involvement**

Service Activity:	Your Role/Contribution:
1.	
2.	
3.	
4.	
5.	

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES
PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED



HIGH SCHOOL HONORS AND AWARDS

PLEASE LIST ANY HONORS OR AWARDS YOU HAVE RECEIVED

PERSONAL STATEMENT

PLEASE ANSWER THE FOLLOWING TWO QUESTIONS

(Include your name with a heading, 250 Words or Less, 12 pt. Times Roman, Double Space)

AS YOU REFLECT ON YOUR HIGH SCHOOL YEARS, EXPLAIN WHICH OF YOUR COMMUNITY SERVICE ACTIVITIES HAS HAD THE MOST IMPACT ON YOUR LIFE AND WHY? (125 Words)

WHY DO YOU BELIEVE YOU DESERVE TO BE AWARDED THE DELTA SIGMA THETA SCHOLARSHIP? (125 Words)

**All materials MUST be RECEIVED BY MARCH 13, 2019 for consideration.
*(No email applications will be accepted.)***

I hereby certify that the information contained herein is true and accurate to the best of my knowledge. I attest that the applicant is a person of color (minority), attends high school and resides in our chapter service area. I understand that all materials submitted become the property of Delta Sigma Theta Sorority, Inc. and will not be returned.

Signature of Student _____ Date _____

Signature of Parent/ Guardian _____ Date _____

Parent/ Guardian Cell Phone Number: _____

Academic Scholarship Application 2019 | Delta Sigma Theta Sorority, Inc
JASSAC P.O. Box 706, Matteson, IL 60443
www.jassacdeltas.org scholarship@jassacdeltas.org



The chapter service area is comprised of the following 47 communities:

Alsip	Blue Island	Burnham
Calumet City	Calumet Park	Chicago Heights
Country Club Hills	Crest Hill	Crestwood
Crete	Dolton	Dixmoor
East Hazel Crest	Flossmoor	Ford Heights
Frankfort	Glenwood	Harvey
Hazel Crest	Hickory Hills	
Homewood	Joliet	Lansing
Lynwood	Matteson	Markham
Midlothian	Monee	New Lenox
Oak Forest	Orland Park	Orland Hills
Olympia Fields	Park Forest	Phoenix
Posen	Richton Park	Riverdale
Robbins	Sauk Trail Village	Shorewood
South Chicago Heights	South Holland	Steger
Thornton	Tinley Park	University Park