

## **Delta Dears for Education SCHOLARSHIP INFORMATION**

This scholarship is available to adults who are looking to improve their situation through educational opportunities.

### **ELIGIBILITY REQUIREMENTS:**

- Not Enrolled or Attending High School
- African American
- Has not earned a 4 year degree
- Enrolled in an Accredited Vocational or Post-Secondary Educational Institution
- Resident of Monroe County

### **REQUIRED APPLICATION PACKET CONTENT:**

- Completed Scholarship Application
- Verification of Income (two consecutive and recent pay stubs or DHS Budget Sheet)
- Vocational / College Acceptance Letter
- Autobiographical Sketch (include personal aspirations) 200-300 word typed
- Three letters of Recommendation.
  - Two (2) character references from non-family members. May be a mentor, supervisor, Pastor, or former teacher/school administrator, case worker, agency/program director or similar type leader.
  - One (1) letter documenting unpaid Community Service on the organization's letterhead.
- Recent Photo
- Photo Release Form

***Please place ALL REQUIRED contents in ONE envelope!***

***ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.***

### **APPLICATION DEADLINE:**

- Mail the complete application packet to:  
Delta Sigma Theta Sorority, Inc.  
Rochester Alumnae Chapter  
P.O. Box 23855  
Rochester, NY 14692  
ATTN: Scholarship Chairperson

Completed Application **MUST BE POST MARKED BY LAST BUSINESS DAY OF MARCH.**

**ROCHESTER ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**

*Transforming Lives and Impacting Communities*

---

**DELTA DEARS FOR EDUCATION  
NON-TRADITIONAL SCHOLARSHIP APPLICATION FORM**

The purpose of this form is to collect information that will enable us to make an appropriate and fair determination of your financial needs. Please complete each item on the application and include the supporting documentation listed on page 1.

First Name:

Middle Initial:

Last Name:

Street Address:

City:

State:

Zip Code:

Email Address:

Home Phone:

Cell Phone:

Date of Birth:

How would you like to be contacted:

If via phone, preferred time:

**FAMILY INFORMATION**

Number of residents in your household, including applicant:

Number of dependents:

Marital Status:

Single

Married

Separated

Divorced

Widowed

Employer Name:

Title:

Length of Employment:

Contact Name:

Contact Number:

Other Sources of Income:

**ROCHESTER ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**

*Transforming Lives and Impacting Communities*

*(Example: spousal/partner, self-employed, child support, alimony or SSD/I)*

*\*Please submit verification of income along with this application (two consecutive and recent pay stubs or DHS Budget Sheet)*



Delta Sigma Theta Sorority, Inc. is a public service organization. Please see the definition of community service below before completing this section.

Organization	Description of Service or Work	Hours/ Week	Dates Involved:	
			From:	To:

**Community Service is defined as:**

1. Involving delivery of a service directly to constituents of a charitable organization or participation in a project sponsored by such an organization.
2. Benefiting an organization that has non-profit institutional or organizational affiliation or status.
3. Resulting in a service to at least one person, other than the applicant or applicant's relative, and is of benefit to the Rochester community or the greater "community at large".
4. Not any service mandated by a court.



**ROCHESTER ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**

*Transforming Lives and Impacting Communities*

---

**PERMISSION TO USE PHOTOGRAPH**

**Subject:**

**Location:**

I grant to **Rochester Alumnae Chapter, Delta Sigma Theta Sorority**, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject without payment or any other consideration.

I authorize **Rochester Alumnae Chapter, Delta Sigma Theta Sorority, Inc.**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I hereby irrevocably authorize the **Rochester Alumnae Chapter, Delta Sigma Theta Sorority, Inc.** to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its chapters programs.

I agree that **Rochester Alumnae Chapter, Delta Sigma Theta Sorority, Inc.** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

***I have read and understand the above:***

Signature:

Printed Name:

Organization Name (if applicable):

Address:

Date:

Signature/Parent or Guardian:  
(if under age 18)

Revised 1-15-11

**DELTA DEARS FOR EDUCATION  
NON-TRADITIONAL SCHOLARSHIP  
Recommendation Form**

Date:

Applicant's Name:

Applicant's Home Address:

Applicant's School and School Address:

The above stated student has applied for a scholarship. Please provide a brief assessment of the applicant in terms of his/her present characteristics and potential for development. Please include personality, personal triumphs, motivation, ability, and interpersonal skills.

I have known the applicant for \_\_\_\_\_ years as a  
in my capacity as a

Print or type your name:

---

Instructions:

- Seal recommendation in an envelope and sign over the seal.
- Mail the completed letter of recommendation to:  
Delta Sigma Theta Sorority, Inc.  
Rochester Alumnae Chapter  
P.O. Box 23855  
Rochester, NY 14692  
ATTN: Scholarship Chairperson
- Letter of Recommendation must be postmarked or received via email by **APRIL 10, 2022.**
- Please notify the applicant that the recommendation has been sent.