



2023-2024 Scholarship Application
Delta Sigma Theta Sorority, Inc. Hayward-Tri-City Alumnae Chapter
PO Box 4113, Hayward, CA 94540

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Delta Sigma Theta Sorority, Inc. Hayward-Tri-City Alumnae Chapter History of Delta Sigma Theta Sorority, Inc. and Hayward-Tri-City Alumnae Chapter

Delta Sigma Theta Sorority, Inc. was founded at Howard University in Washington, D.C. on January 13, 1913 by twenty-two African American undergraduate women. These women wanted to use their collective strength to promote academic excellence and lead social action initiatives on behalf of the African American community. Delta Sigma Theta Sorority, Inc. (the Sorority) 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 sisterhood of more than 200,000 predominately Black college educated women, the Sorority currently has over 900 chapters located in the United States, England, Japan (Tokyo and Okinawa), Germany, the Virgin Islands, Bermuda, the Bahamas and the Republic of Korea. The major programs of the Sorority are based upon the organization's Five Point Thrusts of: Economic Development, Educational Development, International Awareness and Involvement, Physical and Mental Health, and Political Awareness and Involvement. The Hayward-Tri-City Alumnae Chapter of Delta Sigma Theta was chartered in 1990 to serve the cities of Hayward, Fremont, Newark and Union City. Our programs include, but are not limited to, the following:

- △ Dr. Betty Shabazz Delta Academy—a mentoring program for adolescent girls ages 9-13
- △ Dr. Jeanne L. Noble Delta GEMS Institute—a mentoring program for teenage girls ages 14-18
- △ EMBODI – A mentoring program for African American males ages 11-18
- △ Voter registration and education activities
- △ Fundraisers to support our scholarships and other community service programs
- △ Support for various community organizations including Abode Services and I Can Fly School in Kenya

SCHOLARSHIP AMOUNT AWARD: First time applicants may be awarded up to \$5000.

ELIGIBILITY REQUIREMENTS

FIRST TIME APPLICANTS must meet all criteria:

- △ Be a high school senior or have received a GED.
- △ Have a minimum overall grade point average of 3.0 on a 4.0 scale.
- △ Be a resident of, or attend school in, Hayward, Fremont, Newark or Union City or one of our secondary service areas (Castro Valley, Dublin, Pleasanton, San Leandro, or San Lorenzo).
- △ Demonstrate leadership and active volunteer service in the African American community.

PRIOR SCHOLARSHIP RECIPIENTS must meet all criteria:

- △ Be currently enrolled in a four-year college or university.
- △ Have a minimum overall grade point average of 3.0 on a 4.0 scale.
- △ Have received a scholarship from Delta Sigma Theta Sorority, Inc. Hayward-Tri-City Alumnae Chapter for no more than 3 years.

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APPLICATION REQUIREMENTS

FIRST TIME APPLICANTS must submit a complete scholarship application consisting of the following:

- △ Completed pages 3 and 4 of the application
- △ **Two** personal letters of recommendation. Each letter must be written on the official letterhead of the organization. One letter each from the following:
 1. Representative of a community service organization/church.
 2. Counselor or Teacher
- △ A copy of the Letter of Intent or Acceptance Letter from the college or university you plan to attend.
- △ Your most recent official academic transcript. The registrar must send the transcript directly to you and you must provide it to us unopened. We will not accept student copies or other unofficial transcripts. We will not accept previously opened envelopes.
- △ **Two** short essays of at least 200-250 words each in size 12 pt. font, double spaced. The essays should address the following topics:
 - Essay 1:* Describe your college and career objectives, your leadership skills and your volunteer service in the African American community. Please provide specific examples for each of the three areas.
 - Essay 2:* Describe a challenge you had to overcome to achieve one of your goals. Provide specific examples of the steps you took to overcome the challenge.
- △ A 3x5, wallet-size or passport color photo (head shot) Note: Photos will not be returned
- △ A signed Photograph and Video Authorization and Release Form on page 6

PRIOR SCHOLARSHIP RECIPIENTS must submit the following:

- △ A completed Student Profile on page 3.
- △ Your most recent official academic transcript. Registrar must send the transcript directly to you and you must provide it to us unopened. We will not accept student copies or other unofficial transcripts. We will not accept previously opened envelopes.
- △ A 3x5, wallet-size or passport color photo (head shot) Note: Photos will not be returned;
- △ A signed Photograph and Video Authorization and Release Form on page 7.

APPLICATION INSTRUCTIONS

1. Type or print your responses
2. Complete all sections outlined in the application requirements. Insert "N/A" in sections that do not apply to you.
3. Sign the application and Photograph and Video Authorization and Release Form
4. Submit all elements of the Scholarship Application via postal mail
5. Do you have special needs? If so, please note any special accommodations you will need for interviews

If you have questions, please contact Regina Harris-Nau and Alanda Johnson, Scholarship Committee Co-Chairs, at scholarship.htc@gmail.com

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STUDENT PROFILE

Name: _____

Street Address _____

City _____ State: _____ Zip: _____

Email Address: _____

Home Number: _____ Cell Number: _____

To which gender identity do you most identify: _____

Special Accommodations: _____

For New Applicants Only

Do you reside in or attend school in Hayward, Fremont, Newark or Union City? Yes No

Do you reside in or attend school in Castro Valley, Dublin, Pleasanton, San Leandro, or San Lorenzo? Yes No

Name of current High School (include the city and state):

Classification: Freshman Sophomore Junior Senior

For Previous Applicants Only

Please list the year(s) you received a scholarship from the Hayward-Tri-City Alumnae Chapter

Name of current College (include the city and state):

Classification: Freshman Sophomore Junior Senior

GPA (on a 4.0 scale): _____

Major: _____

Graduation Date: [Click or tap to enter a date.](#)

EXTRACURRICULAR ACTIVITIES

Please list any extracurricular activities with dates of participation and time spent (include offices held, awards received, honors, clubs, committees, athletics, etc.) *Please type your answers on a separate sheet if needed.*

COMMUNITY SERVICE

Please list all community, public, volunteer and/or church service activities with dates of participation and time spent. (Include name of organization, awards received, etc.) *Please type your answers on a separate sheet if needed.*

EMPLOYMENT PROFILE

Please type your answers on a separate sheet if needed.

Name of Employer: _____

Address: _____

Phone: _____ Dates of Employment: _____

Job Description: _____

RECOMMENDATION LETTER REQUIREMENTS

The increasing cost of college tuition, room and board, and other related expenses has increased competition for private scholarships that are paid directly to the student. As a result, the Hayward-Tri-City Chapter of Delta Sigma Theta Sorority, Inc. has developed the following guidelines which should be adhered to by any person who is submitting a letter of recommendation on behalf of a Student. It is the student's responsibility to share these guidelines with the appropriate recommender, e.g. high school teacher, counselor, clergy member, community organization leader/ representative, etc.

Guidelines:

1. The letter **must** be written on the letterhead of the respective organization, e.g. school letterhead, community organization letterhead, church letterhead, etc. If the letter is **not** on the appropriate letterhead, it will **not** be accepted for inclusion in the student's packet. In some cases, this omission may exclude the student's packet from being considered as the packet will be deemed incomplete.
2. The body of the letter **must** include the following:
 - a. How long the recommender has known the student
 - b. In what capacity did the recommender engage with the student?
 - c. Insight about the student's character, performance, leadership, etc. relative to the area of focus, e.g. academic performance, community engagement, church involvement, etc. Examples are helpful.
 - d. Other distinguishing characteristics, activities, insights that differentiate the student
3. The letter **must** be signed and include the title of the recommender

As letters of recommendation are critical components of the scholarship application packet, they are rated/ scored based on the guidelines above.

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DEADLINE

A complete application packet, in one envelope that includes the sealed transcript and all required materials, must be **postmarked by March 2, 2024**. Selected first time applicants will be interviewed March 23 or March 30th

Applications must be mailed to:

***Attn: Scholarship Committee
Delta Sigma Theta Sorority Inc.
Hayward-Tri-City Alumnae Chapter
P. O. Box 4113, Hayward, CA 94540***

**INCOMPLETE PACKAGES AND PACKAGES POSTMARKED AFTER March 2, 2024
WILL NOT BE ACCEPTED. If a digital submission is required please email Regina
Harris-Nau and Alanda Johnson, Scholarship Committee Co-Chairs, at
scholarship.htc@gmail.com**

Disclosure I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that would jeopardize acceptance of this application. In addition, all information contained in this application may be used by Hayward-Tri-City Alumnae Chapter for marketing purposes.

Student's Signature:

X

Click or tap to enter a date.

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PHOTOGRAPH, MEDIA AND VIDEO AUTHORIZATION RELEASE FORM

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for _____ Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child during participation in _____ Youth Initiative Program activities, without payment or any consideration and without notifying me in advance. I/We also give permission for the Chapter to highlight my child’s achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me. I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the _____ Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images. I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of _____, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

X _____

Parent/Gardian Signature

Click or tap to enter a date.

Print Name _____

X _____

Parent/Gardian Signature

Click or tap to enter a date.

Print Name: _____

Revised 10/16/2023