

## **Delta Sigma Theta Sorority, Inc. Lancaster Alumnae Chapter**

**The Academic Success Scholarship is awarded by the sorority each year to graduating seniors attending High School in Lancaster County and Oxford, PA who will be pursuing post-secondary education. This year multiple awards will be given to the top scholarship recipients.**

**Delta Sigma Theta Sorority, Inc. is an international Sorority of college educated women. It was founded on the campus of Howard University in 1913 by 22 collegiate women. Delta is committed to public service, economical development, education, international awareness, and physical and mental health.**

**There has been a Delta presence in Lancaster, PA since 1975. During that time we have partnered with other organizations in sponsoring the following:**

- **The Bing Conlin Christmas Party for Children in Southeast Lancaster**
- **The Minority Senior Recognition Celebration for graduating minority students.**
- **The Black History Bowl, which we ran for 15 years in the School District of Lancaster**
- **The Annual Holiday Food Drive, in which we collaborate with The Mix and Tyson Foods.**
- **Adopt-a-Family for the holidays in the Lancaster County and Oxford areas**
- **Bookbag and school supplies drive for Lancaster County schools**

**We have also presented workshops and forums on financial health and home ownership.**



## **Achievement Award 2022 Application**

1. Completed applications must include the items within the check-off list provided below.
2. Guidance Counselor Referral and Recommendation Forms must be completed by the appropriate parties.
3. Official High School Transcripts must be signed by Guidance Counselors.
4. The grade point average on the transcript must be 2.0 or above for consideration.
5. Completed applications must be emailed to [DSTLancasteralum@gmail.com](mailto:DSTLancasteralum@gmail.com) as a complete pdf. Items sent separately will not be considered along with the application. However, multiple pdf documents which are attached to the same email are permissible.
6. Completed applications **MAY NOT** be mailed or handed to an organization member. Such applications will be disqualified.
7. Selected applicants will participate in an interview with the Academic Success Committee, before the final recipients are determined.

### **Your completed application must contain the following:**

- Applicant Information Form (Pages 2 and 3)
- Guidance Counselor Referral Form (Page 4)
- Recommendation Form 1 (Pages 5 and 6)
- Recommendation Form 2 (Pages 7 and 8)
- Recommendation Form 3 (Pages 9 and 10)
- Current Official High School Transcript
- College/University Acceptance Letter

**APPLICANT INFORMATION FORM**

**Students Full name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Graduation Date:** \_\_\_/\_\_\_/\_\_\_

**Email Address:** \_\_\_\_\_

**Parent(s)/Guardian(s):**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Guidance Counselor:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_

**College/University you plan to attend:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Admission's Office Phone Number:** \_\_\_\_\_

**Date term begins:** \_\_\_/\_\_\_/\_\_\_

**Major/Degree Program:** \_\_\_\_\_

**List awards, achievements, volunteerism, jobs, offices held and any other activities in which you have participated, both in school and in the community:**

**Sophomore Year:** \_\_\_\_\_

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**Junior Year:** \_\_\_\_\_

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**Senior Year:** \_\_\_\_\_

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**GUIDANCE COUNSELOR REFERRAL FORM**

TO THE APPLICANT: Complete the information requested above the line. Give this form to your guidance counselor to complete the information requested below the line. Your counselor must complete the form and then e-mail it along with your current high school transcript.

Name of Applicant: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Name of High School: \_\_\_\_\_



**TO THE GUIDANCE COUNSELOR:** The above named student is applying for the Delta Sigma Theta Sorority Achievement Award. Please supply the information requested below, along with a current **official transcript**, and return to the applicant.

Student's Unweighted Grade Point Average: \_\_\_\_\_ 4.0 or 3.0 Scale (circle one)

Student's Weighted Grade Point Average: \_\_\_\_\_ (circle one or Not Applicable)

Student's Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

Sign/Date: \_\_\_\_\_

**Recommendation Form (1)**

**To The Applicant:** Please fill in the information requested above the dotted line, give the form to the respondent, and then collect the finished recommendation and included it with your **completed application**.

Name of Applicant: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Respondent's Title: \_\_\_\_\_

Respondent's Affiliation: \_\_\_\_\_

The information below the dotted line and on the following page is to be completed by the respondent.



I have known the applicant for \_\_\_\_ years.

Your relationship to the applicant:

- \_\_\_\_\_ Minister
- \_\_\_\_\_ Counselor
- \_\_\_\_\_ Teacher
- \_\_\_\_\_ Employer/Supervisor
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

On the following rating scale, please describe the applicant as sincerely as you can, checking the rating that most nearly represents your knowledge in each area. This form **MUST** be filled out in its entirety for your applicant to gain maximum points. Extra information can be included in the comments section below or attached separately

### Rating Scale

The Applicant's	Exceptional	Very Good	Average	Below Average	Inadequate Opportunity to Observe
Oral Communication Skills					
Written Communication Skills					
Academic Ability (Scholarship)					
General Character					
Initiative (Leadership Skills)					
Perseverance					
Commitment to Community Service					
Motivation to Reach Career Goals					
Ability to Interact with People					

Applicant's Strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's areas of growth witnessed during your tenure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sign/Date: \_\_\_\_\_

**Recommendation Form (2)**

**To The Applicant:** Please fill in the information requested above the dotted line, give the form to the respondent, and then collect the finished recommendation and included it with your **completed application**.

Name of Applicant: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Respondent's Title: \_\_\_\_\_

Respondent's Affiliation: \_\_\_\_\_

The information below this dotted line and on the following page is to be completed by the respondent.



I have known the applicant for \_\_\_\_ years.

Your relationship to the applicant:

\_\_\_\_\_ Minister                                      \_\_\_\_\_ Counselor

\_\_\_\_\_ Teacher                                      \_\_\_\_\_ Employer/Supervisor

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

On the following rating scale, please describe the applicant as sincerely as you can, checking the rating that most nearly represents your knowledge in each area. This form **MUST** be filled out in its entirety for your applicant to gain maximum points. Extra information can be included in the comments section below or attached separately



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Perseverance					
Commitment to Community Service					
Motivation to Reach Career Goals					
Ability to Interact with People					

Applicant's Strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's areas of growth witnessed during your tenure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sign/Date: \_\_\_\_\_

**Recommendation Form (3)**

**To The Applicant:** Please fill in the information requested above the dotted line, give the form to the respondent, and then collect the finished recommendation and included it with your **completed application**.

Name of Applicant: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Respondent's Title: \_\_\_\_\_

Respondent's Affiliation: \_\_\_\_\_

The information below this dotted line and on the following page is to be completed by the respondent.



I have known the applicant for \_\_\_\_ years.

Your relationship to the applicant:

- \_\_\_\_\_ Minister
- \_\_\_\_\_ Counselor
- \_\_\_\_\_ Teacher
- \_\_\_\_\_ Employer/Supervisor
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

On the following rating scale, please describe the applicant as sincerely as you can, checking the rating that most nearly represents your knowledge in each area. This form **MUST** be filled out in its entirety for your applicant to gain maximum points. Extra information can be included in the comments section below or attached separately

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General Character					
Initiative (Leadership Skills)					
Perseverance					
Commitment to Community Service					
Motivation to Reach Career Goals					
Ability to Interact with People					

Applicant's strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's areas of growth witnessed during your tenure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sign/Date: \_\_\_\_\_