

**DELTA SIGMA THETA SORORITY, INC.
BERGEN COUNTY ALUMNAE CHAPTER
PEARL SCHOLARSHIP APPLICATION**
Deadline: Postmarked no later than **THURSDAY, MARCH 31, 2022**

Applicants *must be* Bergen County residents and of African-American descent.

- Application must be accompanied by **all** of the following:
 - Essay
 - Official transcript with the **official seal or electronic seal/watermark** of the school in a sealed envelope
 - Grades of the **most recent completed marking period** of the senior year
 - **Three (3) letters of recommendation**
 1. One letter of recommendation **from a school official**
 2. One letter of recommendation **from another source other than a school official or relative**
 3. One letter of recommendation **verifying community service from the organization where service was rendered, not from the high school**
 - A color photo of the scholarship applicant suitable for publication (website, Chapter social media, etc.)
- All applicants must be graduating high school seniors
- All applicants must be available for an interview by the Scholarship Committee
- Completed application and all related materials must be postmarked by the United States Post Office no later than **THURSDAY, March 31, 2022**

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Name: _____ Date of birth: _____
(Last) (First) (mm/dd/yyyy)

Address: _____

Best contact number and email address:

Educational Information:

High school name and address:

What are your major subjects in this senior year?

List honors and awards (scholastic and others) received during high school:

List extracurricular activities for the last three years:

Student Employment Information

List current and previous employment:

<u>Employer Name</u>	<u>Type of Job</u>	<u>Employment Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Community/Public Service/Faith-Based Activities

List community/public service activities (including volunteer work):

List faith-based activities (include a separate sheet if needed):

Parent/guardian Information

Parent/guardian name: _____

Occupation: _____ Title/Position: _____

Best contact number and email:

Parent/guardian name: _____

Occupation: _____ Title/Position: _____

Best contact number and email:

Approximate total family income (circle one):

\$0 - \$10,999	\$11,000 - \$25,999
\$26,000 - \$35,999	\$36,000 - \$49,999
\$50,000 - \$75,999	\$76,000 - \$100,000
\$100,000 - \$150,000	Over \$150,000

List name and ages of dependent siblings:

<u>Name</u>	<u>Age</u>

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List any other family members currently attending college:

<u>Name</u>	<u>College</u>	<u>Classification</u> (e.g.freshman, grad)	<u>Full or Part time</u>
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If there are any extenuating financial circumstances, please explain below.

College and Scholarship Information:

List the colleges to which you have applied in order of preference:

Name: _____

City/State: _____

Annual cost (tuition, room, board, etc.): _____ Accepted: yes ___ no ___ unknown ___

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Name: _____

City/State: _____

Annual cost (tuition, room, board, etc.): _____ Accepted: yes ___ no ___ unknown ___

Name: _____

City/State: _____

Annual cost (tuition, room, board, etc.): _____ Accepted: yes ___ no ___ unknown ___

List any other scholarships for which you have applied:

Name/Type	Amount (if known)	Awarded (<i>check if yes</i>)

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Essay

Describe your most meaningful achievement and how it relates to your desired field of study and your future goals. The essay must be typed and no more than 350 words.

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Letters of Recommendation Guidelines

Please submit **three (3)** typed letters of recommendation for the scholarship application using the following guidelines:

- In what capacity and for how long you have known the applicant
- The character of the applicant
- Outstanding qualities (leadership, talent, maturity, etc.)
- Additional comments

Please have *each* person writing your letters include the following:

Name (printed): _____

Signature: _____

Title: _____

Address: _____

Telephone: _____

*Each applicant is required to have three (3) letters of recommendation in order for the application to be complete. ***One letter of recommendation must be from a school official, one letter of recommendation from another source other than a relative, and one letter of recommendation verifying public service from the organization where the service was rendered.***

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Release Form

I hereby give my consent that upon request, a copy of any or all of my school records, grades, and test scores be released to:

Bergen County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 1225
Teaneck, NJ 07666
Attention: Valerie Johnson

Applicant Name: _____

Signature: _____

Parent Signature: _____

Date: _____

**THE APPLICATION AND ALL RELATED MATERIALS MUST BE
POSTMARKED NO LATER THAN THURSDAY, March 31, 2022**