



**Delta Sigma Theta Sorority, Incorporated**  
*Suffolk County Alumnae Chapter*

PO Box 3057 / Huntington Station, NY / 11746  
631.317.1913 / [president@dstscac.org](mailto:president@dstscac.org) / [www.dstscac.org](http://www.dstscac.org)



April 9, 2018

Dear Community Leader:

Delta Sigma Theta Sorority, Inc. is a National Public Service organization. We are deeply concerned about the educational and financial needs of African American students in Suffolk County.

We are seeking your assistance in helping us identify African American Seniors (male or female), who are eligible to apply for our annual scholarship.

Students should meet the following criteria:

- Suffolk County resident
- Graduating from high school in 2018
- 3.0 (or 85) cumulative average or higher
- Participation in school and community service activities
- Plans to attend college

Please give the enclosed application to all eligible students who wish to apply.

The application, official transcript (including first semester senior grades, SAT/ACT scores, and GPA), proof of college acceptance, two letters of recommendation and a one-page essay should be sent via email to [scac.scholarships@outlook.com](mailto:scac.scholarships@outlook.com) or via mail to:

Scholarship Committee  
Delta Sigma Theta Sorority, Inc.  
Suffolk County Alumnae Chapter  
P.O. Box 3057  
Huntington Station, NY 11746

All required information must be **received** by April 23, 2018 @ 5:00PM.  
Incomplete or late applications will not be reviewed.

All finalists will be required to interview with the Scholarship Committee on May 2<sup>nd</sup> and attend the Scholarship Awards Program on June 9<sup>th</sup>. Please contact Ms. Myra Garnes via e-mail at [scac.scholarships@outlook.com](mailto:scac.scholarships@outlook.com) if you have any questions or need additional information. We appreciate your cooperation and look forward to reviewing the applications of your students.

Sincerely,  
2017-2018 Scholarship Committee  
Delta Sigma Theta Sorority, Inc.  
Suffolk County Alumnae Chapter

Sybil Mimy Johnson, President ~ Deborah Payton-Jones, First Vice President ~ Fatima Robinson, Second Vice President

Aliya Holmes, Recording Secretary ~ Myra Garnes, Corresponding Secretary ~ Leila Holmes, Financial Secretary

Brianna Addison, Treasurer



**Delta Sigma Theta Sorority, Inc.**  
*Suffolk County Alumnae Chapter*  
**2017 – 2018 Suffolk County Alumnae Chapter Memorial Scholarship**



Applications must be typed or neatly printed in black ink and completely filled out.  
 Incomplete or late applications will not be considered.  
 A personal interview will be conducted if chosen to go to the next phase of the selection process.

**Personal Information:**

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

Last
First
Middle
Male/Female

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

Street
City/State/ Zip

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian(s) Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# of Siblings: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

**Academic Information:**

High School: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

**Extra-Curricular Activities:** (you may submit a resume)

Community Activities: 1. _____ 2. _____ 3. _____	School Activities: 1. _____ 2. _____ 3. _____
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**Test Scores:** List below your scores and dates you have taken or will take the following: (SAT, ACT, AP)

SAT: \_\_\_\_\_ (Verbal) \_\_\_\_\_ (Math) \_\_\_\_\_ (Writing) Date: \_\_\_\_\_

ACT: \_\_\_\_\_ (Composite) \_\_\_\_\_ (Writing) Date: \_\_\_\_\_

AP (optional) Subject: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

**Educational Plans:**

List Colleges/ University Acceptances:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

College you plan to attend and anticipated major: \_\_\_\_\_ / \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALL COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY APRIL 23, 2018 @ 5:00PM.**

- A. Completed Application
- B. Official Transcript (must include 1<sup>st</sup> semester Senior Grades, SAT/ACT Scores, GPA of 3.0 or 85 or higher)
- C. Essay (one page typed stating your background, interests, future goals and why you feel you qualify for this scholarship)
- D. Two Letters of Recommendation
- E. Proof of College Acceptance

**ALL COMPLETED APPLICATION PACKETS SHOULD BE MAILED OR EMAILED TO:**

Scholarship Committee  
 Delta Sigma Theta Sorority, Inc.  
 Suffolk County Alumnae Chapter  
 PO Box 3057  
 Huntington Station, NY 11746  
 scac.scholarships@outlook.com

**For more information email Ms. Myra Garnes at [scac.scholarships@outlook.com](mailto:scac.scholarships@outlook.com).**