

**DELTA SIGMA THETA SORORITY, INC.
NORTH JERSEY ALUMNAE CHAPTER**

MINERVA CORPORATION

Opening endless possibilities for our Community and Youth

Delta Sigma Theta Sorority, Inc. is a service organization founded by twenty-two African American women at Howard University on January 13, 1913. These young women wanted to use their collective strength to promote academic excellence and to provide assistance to persons in need.

The North Jersey Alumnae Chapter was established in 1939 as the first chapter in New Jersey. Chapter members perform community service within the three counties it serves: Essex, Union and Hudson Counties and has awarded more than \$750,000.00 in scholarship assistance to young people in the Northern New Jersey area.

The North Jersey Alumnae Minerva Corporation is a 501(c)3 corporation established in 2000 for the purpose of uplifting and opening doors of opportunities for our community and youth by engaging in activities which promote physical and mental welfare for area residents, promoting excellence and achievement by granting scholarships and providing other educational opportunities needed to improve the quality of life, and increasing resources for residents by acquiring and maintaining property for use by the community.

Our joint purpose is to maintain and encourage high intellectual, cultural and moral standards; to promote and support achievements in education by granting scholarships to deserving students.

SCHOLARSHIP REQUIREMENTS

1. Applicant must reside in, or be a senior attending a high school in Essex, Union, or Hudson County
2. Applicant must have at least a 2.75 GPA (4.0 scale) or have a combined minimum score of 900 on the Critical Reading and Math portions of the SAT
3. Applicant has rendered public service in their community
4. Applicant must demonstrate a financial need

All applications and supporting financial documents MUST be POSTMARKED OR RECEIVED VIA EMAIL on or before FEBRUARY 26, 2016. Incomplete packets OR packets received after the due date will NOT be processed. Required materials (ie: transcripts, letters or recommendation) MUST be mailed and POSTMARKED by FEBRUARY 26, 2016.

Please note: We will only accept applications mailed via regular U.S. mail and sent directly to our email address. Certified, registered, express mail or application packages delivered via other private courier services (Fed Ex, UPS, etc.) which require the signature of recipient will not be accepted.

Candidates for consideration will be contacted by phone on or before **MARCH 11, 2016**. All candidates will be required to attend an interview with the Scholarship Committee. Recipients will also be required to attend the NJA Scholarship Luncheon on **APRIL 30, 2016**.

**Questions/Concerns contact Sharon Foushee
scholarshipawards@northjerseydeltas.org**

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FORWARD ALL MATERIALS TO:

**North Jersey Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
ATTN: SCHOLARSHIP AWARDS
Post Office Box 1284
Newark, New Jersey 07101
OR
scholarshipawards@northjerseydeltas.org**

APPLICATION CHECKLIST

ALL of the following must be received on or before the **DUE DATE**:

- Completed and signed application form
- Proof of Parent/Guardian income, accepted items are:
 - 2015 IRS Tax Transcript
 - W2 Forms
- Official transcript** of high school grades (including current cycle grades) **to be sent by the school in a sealed envelope**
- Official SAT or ACT scores (must be on Official Transcript or from Testing Agency showing student's name)
- Three (3) letters of recommendation are **REQUIRED and must be signed by the recommender and can be sent in a sealed envelope**:
 - One (1) from Guidance Counselor, Teacher or School Administrator
 - One (1) personal recommendation from someone other than a relative (can be teacher or administrator)
 - AND**
 - One (1) from someone verifying public service

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PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MAILING

ADDRESS:

CITY:

STATE:

ZIP CODE:

CELL

PHONE

NUMBER:

HOME

PHONE

NUMBER:

DATE OF

BIRTH:

EMAIL

ADDRESS:

INTENDED COLLEGE

MAJOR:

AREA(S) OF

CAREER

INTEREST:

CAREER GOAL:

HIGH SCHOOL

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

G.P.A. AVERAGE/

CLASS RANK/

SCALE:

CLASS SIZE:

APPLIED: YES
NOT YET

COST OTHER COSTS:
(TUITION & FEES):
TOTAL COSTS:

NAME OF
COLLEGE/
UNIVERSITY:

STATE:

APPLICATION ACCEPTED
STATUS: NO RESPONSE YET

APPLIED: YES
NOT YET

COST OTHER COSTS:
(TUITION & FEES):
OTHER COSTS:

NAME OF
COLLEGE/
UNIVERSITY:

STATE:

APPLICATION ACCEPTED
STATUS: NO RESPONSE YET

APPLIED: YES
NOT YET

COST OTHER COSTS:
(TUITION & FEES):

OTHER COSTS:

EXTRACURRICULAR ACTIVITIES & COMMUNITY SERVICE

ACTIVITY:

TYPE OF ACTIVITY:

IN-SCHOOL
COMMUNITY

GRADE
PARTICIPATED:

6th	7th	8th	9th
10th	11th	12th	

BRIEF DESCRIPTION
OF YOUR ROLE:

ACTIVITY:

TYPE OF ACTIVITY:

IN-SCHOOL
COMMUNITY

GRADE
PARTICIPATED:

6th	7th	8th	9th
10th	11th	12th	

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OF YOUR ROLE:

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TYPE OF ACTIVITY:

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COMMUNITY

GRADE
PARTICIPATED:

6th	7th	8th	9th
10th	11th	12th	

BRIEF DESCRIPTION
OF YOUR ROLE:

DESCRIBE EXACTLY HOW YOU PLAN TO FINANCE YOUR EDUCATION AND THE AMOUNT AVAILABLE TO YOU (CHECK ALL ITEMS THAT APPLY AND PROVIDE ESTIMATES)

FAMILY
CONTRIBUTIONS:

AMOUNT:

SUPPLEMENTAL
EDUCATION
OPPORTUNITY
GRANT:

AMOUNT:

YOUR SAVINGS:

AMOUNT:

NEW JERSEY
EDUCATION
OPPORTUNITY
FUND GRANT:

AMOUNT:

TAG:

AMOUNT:

PELL GRANT:

AMOUNT:

PERKINS LOANS:

AMOUNT:

OTHER
(PLEASE INDICATE
BELOW):

AMOUNT:

TOTAL:

DETAIL
ALTERNATIVES FOR
FUNDING YOUR
EDUCATION SHOULD
YOU NOT RECEIVE
SCHOLARSHIPS OR
GRANTS:

PARENT/
GUARDIAN 1
FULL NAME:

PARENT/
GUARDIAN 2
FULL NAME:

PARENT/ GUARDIAN 1
STREET ADDRESS:

PARENT/ GUARDIAN 2
STREET ADDRESS:

CITY:

CITY:

STATE: ZIP CODE:

STATE: ZIP CODE:

PARENT/
GUARDIAN 1
OCCUPATION/
TITLE:

PARENT/
GUARDIAN 2
OCCUPATION/
TITLE:

EMPLOYER:

EMPLOYER:

EXPECTED YEARLY
INCOME:

EXPECTED YEARLY
INCOME:

TOTAL FAMILY
INCOME:

LIST THE NAME, AGE, & GRADE (if applicable) OF ALL PEOPLE IN YOUR HOUSEHOLD OTHER THAN YOU AND YOUR PARENTS/GUARDIANS (ie: siblings)

NUMBER OF PEOPLE
LIVING IN YOUR
HOUSEHOLD:

NAME: AGE: GRADE:

NAME: AGE: GRADE:

NAME: AGE: GRADE:

NAME: AGE: GRADE:

NAME: AGE: GRADE:

DETAIL ANY UNIQUE
FAMILIAL/
HOUSEHOLD
CIRCUMSTANCES:

I understand that all information given is accurate to the best of my ability.

Signature:

Date:

PERSONAL STATEMENTS

WRITE A BRIEF STATEMENT ABOUT YOUR COMMUNITY SERVICE ACTIVITIES AND/OR VOLUNTEER WORK AND ANY OFFICE HELD. GIVE A DETAILED DESCRIPTION OF YOUR PARTICIPATION AND HOW YOU MADE AN IMPACT TO THE GROUP AND/OR THE COMMUNITY.
(250 WORD MAX)

WRITE A BRIEF PERSONAL STATEMENT ABOUT YOURSELF, YOUR FUTURE PLANS AND ANY OTHER INFORMATION THAT YOU FEEL MIGHT BE HELPFUL TO THE SCHOLARSHIP COMMITTEE IN ASSESSING YOUR APPLICATION. FEEL FREE TO USE ADDITIONAL SHEETS IF NECESSARY.
(500 WORD MAX)