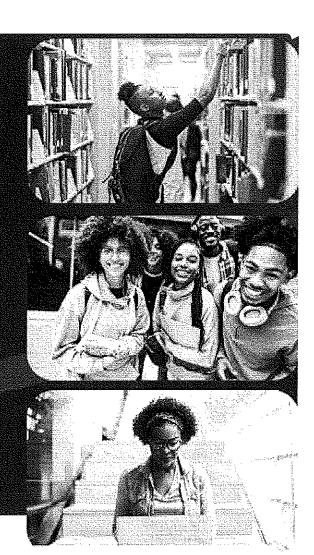


SCHOLATSHIP APPLICATION 2024

We are thrilled to announce our 2024 scholarship program, designed to help ambitious high school seniors in the Monmouth and Ocean County areas achieve their academic goals.





MARCH 4, 2024

REQUIREMENTS

- Official transcript
- Three (3) letters of recommendation
- Essay (see application)
- Official SAT/ACT scores
- Completed typed application with all supporting documents
- Color photograph (3x5) (not returnable)

Scan here for application



FOR ADDITIONAL GUIDELINES AND MORE INFORMATION PLEASE VISIT: WWW.MCACDSTNJ.COM



Chanta L. Jackson

President

Diane Lee Brock

Vice President

Yolanda Wilkins

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Bertha Williams-Pullen

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Dr. Mariena Brown

Financial Secretary

Marilyn Hampton-Brown

Chaplain

Veronica Miller

Sergeant-Al-Arms

Phyllis Tree

Custodian

Tiffany B urton

Parliame terian

Rashima Nassenburg

Journalis t/Historian

Standards for Scholarship Applicants

A. Eligibility

- 1. The student must have a minimum academic average of "3.0" on a 4.0 scale.
- 2. The student must be accepted and plan to attend an accredited, 2- or 4-year degree granting college or university.
- 3. The student must be enrolled as a graduating senior (Class of 2024) in a Monmouth County or Ocean County High School.
- 4. Scholarships are open to both male and female students.
- 5. Students who are sons/daughters of a member of Delta Sigma Theta Sorority, Incorporated are not eligible to apply.

B. Submitting the Application

- 1. A completed application <u>includes</u>:
 - Official transcript
 - Three (3) letters of recommendation
 - Essay (topics enclosed on pg. 7)
 - Official SAT/ACT scores
 - Completed typed application with all supporting documents
 - Color photograph (3x5) (not returnable)

Completed applications should be mailed to:

Monmouth County Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

PO Box 752 Neptune, NJ 07754

Completed applications must be received by March 4, 2024

C. Selection Process

- 1. The best qualified candidates will be interviewed by the Scholarship Committee in March or April of 2024.
- 2. The awardees will be notified in writing in April 2024.
- 3. Applicants who do not meet the above-stated eligibility requirements will not be considered.
- 4. Applications that are not completed in their entirety (e.g. missing documentation, no signatures, pertinent information missing, etc.) will be disqualified.
- 5. All decisions regarding the selection of awardees are final.



P.O. Box 752 Neptune, New Jersey 07754-0752





Scholarship Application

TO STUDENT: Complete the following:

PART I - PERSONAL DATA

1.	Name:			
	Last		First	Middle
2.	Phone:	(home)		(parent/guardian)
3.	E-mail address:		****	
<u>4.</u>	Parent/Guardian E-m	ail address:		
5.	Current Address:			
		Number	Street	
	City	State		Zip Code
6.	Mailing Address:			
		(If different from	above)	
<u>7.</u>	Birth Date:			Sex M□ F□
8.	Father's Name:			
9.	Mother's Name:			
10). Name of Guardian:			
		(If ap	plicable)	



Monmouth County Alumnae Chapter Delta Sigma Theta Sorority, Inc. P.O. Box 752 Neptune, New Jersey 07754-0752



Web Site: www.mcacdstnj.com

PART II - EDUCATIONAL BACKGROUND

riigh School (s) attended:		
Name	Address	Dates Attended
	male services and the services are the services and the services and the services are the services and the services and the services are the s	
	·	
Honors/Awards Received		
High School Activities		
Community Activities		
This se	ction is to be completed by	y your guidance counselor.
Weighted Average	Rank in your	senior year
Grade Point Average (Based)	on a 4.0 scale)	SAT/ACT Score
- inne z ome zzi erne e (meseu i		
Camadawia Norma		
Counselor's Name:		
Counselor's Signature:		



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PART III - WORK EXPERIENCE / SPECIAL SKILLS

Employer	Job Title	Dates of Employment
Organizations: List organiza	tions and positions held.	
Organization Name	Position Held	No. Years of Service
pecial Skills: Please indicat	e below:	
-		



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PART IV - FINANCIAL STATUS

1. Number in the family:	Children	Adults
2. Are any dependents in college at this	time?	If yes, how many?
3. How much will your family be able to	o contribute to your edu	cation?
ОТН	ER SOURCES OF FINAN	NCIAL AID
SOURCE	AMOUNT	FROM WHOM
Your Earnings: (i.e., part-time job, summer job)		
Supplemental Educational Opportunity Grant SEOG		
State Grant(s)		
Other Grant(s)		
College Work Study		
Scholarships		
Other (Give Source)		
Total Amount		



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PART V - SCHOOL INFORMATION

Have you applied for admission to	a college or a university? Yes	□ No □			
Intended Major:					
List Schools:					
College/University	Application Status (Pending/Accepted)	Cost Per Year			



P.O. Box 752 Neptune, New Jersey 07754-0752



Web Site: www.mcacdstnj.com

PART VI - RECOMMENDATIONS

- 1. Please attach three signed letters of recommendation (one from each of the following categories):
 - A. Guidance Counselor or Principal
 - B. Teacher
 - C. Minister, civic leader, professional, or non-relative who can attest to your character

PART VII - ESSAY

2. Attach a 500-word, double-spaced, typed essay on one of the topics listed below:

Please identify your essay topic at the top of your essay page

- TOPIC A. Tell us how your life experiences have shaped your dreams and aspirations.
- TOPIC B. What is your intended major? Discuss how your interest in the subject developed and describe any experience you have had in the field such as volunteer work, internships and employment, participation in student organizations and activities and what you have gained from your involvement.
- TOPIC C. Tell us about a personal quality, talent, accomplishment, contribution, or experience that is important to you. What about this quality or accomplishment that makes you proud and how does it relate to the person you are today?

I hereby declare that all the above statements are true. I have requested the necessary official transcripts to be forwarded to the Scholarship Chairperson. I am willing to appear for a personal interview and to forward array additional information deemed necessary. I agree to accept the decision of the Scholarship Committee as final.

S ignature of Applicant:	
S ignature of Parent or Guardian	

DEADLINE: Must be postmarked by March 4, 2024