



Dear Counselor:

Delta Sigma Theta Sorority, Inc. Joliet/Area South Suburban Alumnae Chapter (JASSAC) is pleased to announce our annual Academic Scholarship Award Program. This scholarship award is designed to identify and provide financial assistance to students of color aspiring to further their education.

The Joliet Area/South Suburban Alumnae Chapter is one of over 900 chapters of Delta Sigma Theta Sorority, Inc. We are an international sorority of more than 300,000 college-educated women committed to public service, with a focus on sustaining educational growth and development of minority students.

Each student selected by the Scholarship Committee will receive a scholarship for \$1,000. In order for a student to be eligible, **he or she must attend high school and reside in our chapter service area.\*** The student must also be a graduating senior, **a person of color (minority)** and have a minimum of a 2.75 grade point average on a 4.0 scale (3.75 grade point average on a 5.0 scale).

**A COMPLETE APPLICATION PACKET CONSISTS OF:**

- Completed application form
- Personal Statement
- **Two (2) letters of recommendation:**
  - One** on organization's letterhead documenting active community service/volunteerism
  - One** on high school's letterhead from a teacher or counselor
- **High School Transcript in a separate sealed envelope**
- Copy of official ACT or SAT scores (acceptable on high school transcript)
- Copy of acceptance letter to an accredited college or university

Completed application packets must be received by March 13, 2019. **(No email applications will be accepted)**. Application materials are included in this email as a separate attachment and they are also available on our website- [www.jassacdeltas.org](http://www.jassacdeltas.org)

If you need additional information, please contact Yvonne Wells, (708) 203-0553 or [scholarship@jassacdeltas.org](mailto:scholarship@jassacdeltas.org).

Sincerely,

A handwritten signature in black ink that reads "Yvonne W. Wells". The signature is fluid and cursive, with the first name being the most prominent.

Yvonne W. Wells  
Chair

Kimberly Rowe-Barney  
President, JASSAC

[www.jassacdeltas.org](http://www.jassacdeltas.org)



Dear Applicant:

Thank you for your interest in the DELTA SIGMA THETA SORORITY, INC. ACADEMIC SCHOLARSHIP awarded by the Joliet Area/South Suburban Alumnae Chapter (JASSAC). The amount granted for the General Academic Scholarship is \$1000.00.

**TO BE ELIGIBLE FOR THE JASSAC DELTA SIGMA THETA ACADEMIC SCHOLARSHIP, YOU MUST BE A PERSON OF COLOR GRADUATING SENIOR AND MEET THE FOLLOWING CRITERIA:**

- Attend high school and reside in our chapter service area. \*
- Have a cumulative G.P.A. of at least 2.75/4.0 scale or 3.75/5.0 scale

**A COMPLETE APPLICATION PACKET CONSISTS OF: Parents initials are required.**

Initials: \_\_\_\_\_ Completed application form

Initials: \_\_\_\_\_ Personal Statement

**Two (2) letters of recommendation:**

Initials: \_\_\_\_\_ **One** on organization's letterhead documenting your active involvement in community Service

Initials: \_\_\_\_\_ **One** on high school's letterhead from a teacher or counselor

Initials: \_\_\_\_\_ **Official High School Transcript in a separate sealed envelope**

Initials: \_\_\_\_\_ Copy of official ACT or SAT scores, if not on transcript please include an official copy

Initials: \_\_\_\_\_ Copy of acceptance letter to an accredited college or university

**MAIL COMPLETED APPLICATION PACKET TO:**  
Delta Sigma Theta Sorority, Inc.  
Joliet Area/South Suburban Alumnae Chapter  
P.O. Box 706  
Matteson, IL 60443

**(No email applications will be accepted.)**

**All Materials Must Be received by March 13, 2019 for consideration.**

Questions can be directed to: Yvonne Wells (708) 203-0553

**Scholarship Application available on our website – [www.jassacdeltas.org](http://www.jassacdeltas.org)**



**ACADEMIC SCHOLARSHIP APPLICATION**

**DEADLINE: MARCH 13, 2019**

**PLEASE PRINT OR TYPE - ONLY LEGIBLE APPLICATIONS WILL BE PROCESSED**

**PERSONAL INFORMATION**

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

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

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

**City:** \_\_\_\_\_ **State:** Illinois **Zip:** \_\_\_\_\_

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

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

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

**Current High School:** \_\_\_\_\_

**Current G.P.A.** \_\_\_\_\_

**High School Counselor:** \_\_\_\_\_

**Counselor's Phone Number:** \_\_\_\_\_

**Counselor's Email Address:** \_\_\_\_\_

**Intended College Major** \_\_\_\_\_

**Is your parent or guardian a member of Delta Sigma Theta Sorority, Inc. \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**(if yes, you are not eligible for this scholarship)**

**Is your parent or guardian a financial member of Joliet Area/South Suburban Alumnae Chapter?**  
**\_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, you must fill out the Jane Hall Bowman application)**

**COLLEGES or UNIVERSITIES YOU ARE CONSIDERING**

Academic Scholarship Application 2019 | Delta Sigma Theta Sorority, Inc  
JASSAC P.O. Box 706, Matteson, IL 60443  
[www.jassacdeltas.org](http://www.jassacdeltas.org) [scholarship@jassacdeltas.org](mailto:scholarship@jassacdeltas.org)



1. College/ University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. College/ University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. College/ University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*Please note that the Scholarship check will be mailed directly to the college or university the student is attending so it is important that the address to the Financial Aid Office is correct.\*\***

***If you are the recipient of a scholarship, you will be required to provide one of the following as proof of enrollment which may include but not limited to:***

- Signed Housing Contract
- School Schedule
- School ID
- Official Admission Letter

**Due by June 1, 2019 or you will forfeit the scholarship offer.**

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JASSAC P.O. Box 706, Matteson, IL 60443  
[www.jassacdeltas.org](http://www.jassacdeltas.org) [scholarship@jassacdeltas.org](mailto:scholarship@jassacdeltas.org)



**COMMUNITY SERVICE INVOLVEMENT**

**\* Please list and explain any community service activities (school or non-school related) in which you are actively involved. If there is not enough space, please attach a one page document, with your name, explaining your involvement.**

**Submit one (1) letter of recommendation  
on the official organization letterhead  
to document your involvement**

**Service Activity:**

**Your Role/Contribution:**

1.	
2.	
3.	
4.	
5.	

**HIGH SCHOOL EXTRACURRICULAR ACTIVITIES**

**PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED**




**HIGH SCHOOL HONORS AND AWARDS**

PLEASE LIST ANY HONORS OR AWARDS YOU HAVE RECEIVED


**PERSONAL STATEMENT**

PLEASE ANSWER THE FOLLOWING TWO QUESTIONS

(Include your name with a heading, 250 Words or Less, 12 pt. Times Roman, Double Space)

AS YOU REFLECT ON YOUR HIGH SCHOOL YEARS, EXPLAIN WHICH OF YOUR COMMUNITY SERVICE ACTIVITIES HAS HAD THE MOST IMPACT ON YOUR LIFE AND WHY? (125 Words)

WHY DO YOU BELIEVE YOU DESERVE TO BE AWARDED THE DELTA SIGMA THETA SCHOLARSHIP? (125 Words)

All materials **MUST** be RECEIVED BY MARCH 13, 2019 for consideration.  
*(No email applications will be accepted.)*

I hereby certify that the information contained herein is true and accurate to the best of my knowledge. I attest that the applicant is a person of color (minority), attends high school and resides in our chapter service area. I understand that all materials submitted become the property of Delta Sigma Theta Sorority, Inc. and will not be returned.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Cell Phone Number: \_\_\_\_\_

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**The chapter service area is comprised of the following 47 communities:**

<b>Alsip</b>	<b>Blue Island</b>	<b>Burnham</b>
<b>Calumet City</b>	<b>Calumet Park</b>	<b>Chicago Heights</b>
<b>Country Club Hills</b>	<b>Crest Hill</b>	<b>Crestwood</b>
<b>Crete</b>	<b>Dolton</b>	<b>Dixmoor</b>
<b>East Hazel Crest</b>	<b>Flossmoor</b>	<b>Ford Heights</b>
<b>Frankfort</b>	<b>Glenwood</b>	<b>Harvey</b>
<b>Hazel Crest</b>	<b>Hickory Hills</b>	
<b>Homewood</b>	<b>Joliet</b>	<b>Lansing</b>
<b>Lynwood</b>	<b>Matteson</b>	<b>Markham</b>
<b>Midlothian</b>	<b>Monee</b>	<b>New Lenox</b>
<b>Oak Forest</b>	<b>Orland Park</b>	<b>Orland Hills</b>
<b>Olympia Fields</b>	<b>Park Forest</b>	<b>Phoenix</b>
<b>Posen</b>	<b>Richton Park</b>	<b>Riverdale</b>
<b>Robbins</b>	<b>Sauk Trail Village</b>	<b>Shorewood</b>
<b>South Chicago Heights</b>	<b>South Holland</b>	<b>Steger</b>
<b>Thornton</b>	<b>Tinley Park</b>	<b>University Park</b>