

Jackie Morrison-Brailsford, President

PLEASE PRINT OR TYPE

**NASSAU ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
Jackie Morrison-Brailsford, President**

(If More Space Is Required, You May Attach Additional Pages To This Application)

IN 75 WORDS OR LESS, PLEASE DEMONSTRATE YOUR KNOWLEDGE OF DELTA SIGMA THETA SORORITY, INC.?

“SERVICE IS THE RENT WE PAY FOR THE PRIVILEGE OF LIVING ON THIS EARTH” – SHIRLEY CHISHOLM. WHAT DOES THIS STATEMENT MEAN TO YOU?

WHAT ARE YOUR CAREER GOALS? WHY HAVE YOU CHOSEN THE CAREER GOALS?

LIST ANY ACADEMIC ORGANIZATIONS TO WHICH YOU BELONG.

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TELL US ABOUT YOUR COMMUNITY AND SCHOOL INVOLVEMENT. INDICATE THE LENGTH OF TIME YOU PARTICIPATED IN EACH ACTIVITY.

INVOLVEMENT IN THE COMMUNITY. The community activities must be unrelated to your participation in extracurricular activities in school.

WHERE?	DATES (To – From)	FREQUENCY	POSITION	RESPONSIBILITIES
ABC Shelter	1/2/19 – 4/2/19	1x per week	Food Pantry server	Collecting, organizing, and distributing food

INVOLVEMENT IN THE SCHOOL.

WHERE?	DATES (To – From)	FREQUENCY	POSITION	RESPONSIBILITIES
ABC High School	9/10/18 – 6/30/19	Once a month	VP, Students for Human Rights	Organize programs to highlight current human rights issues

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RECOMMENDATIONS

PLEASE LIST THE NAMES OF TWO PERSONS AND THEIR POSITIONS.

One letter of recommendation must be from school personnel.

NAME	POSITION
1.	
2.	

PLEASE SELECT ALL THAT APPLY:

- ☐ I AM APPLYING FOR THE SCHOLARSHIP TO BE USED TOWARDS ATTENDING A HISTORICALLY BLACK COLLEGE/UNIVERSITY.
- ☐ I AM APPLYING FOR THE INCENTIVE AWARD TO BE USED TOWARDS ANY FOUR YEAR COLLEGE OF MY CHOICE
- ☐ I AM APPLYING FOR AN INCENTIVE AWARD TO BE USED TOWARDS ANY TWO YEAR COLLEGE OR TECHNICAL SCHOOL OF MY CHOICE

APPLICATION PACKET CHECKLIST

- ✓ TWO (2) LETTERS OF RECOMMENDATION
- ✓ A CURRENT OFFICIAL HIGH SCHOOL TRANSCRIPT WITH SCHOOL SEAL
- ✓ COMPLETED SCHOLARSHIP APPLICATION

**THE ABOVE MUST BE RETURNED TOGETHER BY THE DEADLINE DATE:
FEBRUARY 28, 2020**

MAIL TO: SCHOLARSHIP COMMITTEE
NASSAU ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
P.O. BOX 2148
GARDEN CITY, NEW YORK 11531

PLEASE LET US KNOW HOW YOU BECAME AWARE OF OUR SCHOLARSHIP. PLEASE SPECIFY THE SOURCE OF OBTAINING THIS APPLICATION:

SCHOOL: _____
CHURCH: _____
ORGANIZATION / OTHER: _____