

Delta Sigma Theta Sorority, Inc.
OAKLAND EAST BAY ALUMNAE CHAPTER

Post Office Box 2149
Oakland, California 94621
February 1, 2016

Dear Administrator /Scholarship Counselor:

Delta Sigma Theta Sorority, Incorporated is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. A sisterhood of more than 250,000 predominantly Black college educated women, the Sorority currently has over 940 chapters located in the United States, England, Japan (Tokyo and Okinawa), Germany, the Virgin Islands, Bermuda, the Bahamas and the Republic of Korea.

Oakland East Bay Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, is a community service organization and is committed to providing scholarships to graduating seniors in the high schools of the Oakland Community.

African American students attending schools in Oakland and who are seeking admission to four-year colleges/ universities may apply for scholarships provided by Oakland East Bay Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. Our scholarship is named in honor of our 15th Past National President, Lillian Pierce Benbow, who was a talented writer, an eloquent public speaker, a scholar, an educator and patron of the arts. In honor of her many accomplishments and achievements we offer these scholarships as a tribute to her by providing financial aid to deserving African American students seeking a college education.

You may make copies of the application as needed. Please support our efforts by distributing the scholarship applications to students who meet the following qualifications:

- **Ethnicity: African American**
- **Current high school senior**
- **Cumulative grade point average of 3.00 or higher**
- **Demonstrated community service**
- **Leadership ability**
- **Admitted to a four year institution of higher learning**

For additional information you may contact LeeNell M. Jennings at lmjennings@earthlink.com or Dolores J. Ward at ward3410@aol.com, Co-Chairs of the Scholarship Committee

Sincerely,

Lynn Haines-Dodd – President
LeeNell M. Jennings and Dolores J. Ward-Co Chairs of Scholarship Committee

**Delta Sigma Theta Sorority, Inc.
OAKLAND EAST BAY ALUMNAE CHAPTER**

Post Office Box 2149
Oakland, California 94621
February 1, 2016

Dear Scholarship Applicant:

The Oakland East Bay Alumnae Chapter of Delta Sigma Theta Sorority, Inc., a community service organization of college and university women, is offering scholarships to deserving African American high school seniors. Students seeking admission to a four-year college or university are eligible and strongly encouraged to apply for the scholarships.

Applications will be reviewed using the following criteria:

- 1. 3.00 cumulative grade point average or higher;**
- 2. An official sealed copy of your high school transcript**
- 3. Community service**
- 4. Leadership ability**
- 5. Financial need**
- 6. Two letters of recommendation (Suggested letters from a teacher, counselor and/or administrator)**
- 7. Brief 750 word persuasive essay describing goals, needs and future plans.**
- 8. Application and essay must be legible, neat and written in blue or black ink, or typewritten.**
- 9. SAT score**

The scholarship application must be completed in blue or black ink, or typewritten. The application must be returned with the following information on or before April 15, 2016. All of the aforementioned items must be included with the application in order for the Scholarship Committee to evaluate your application. **RETURN THE APPLICATION AND ADDITIONAL ITEMS TO: Delta Sigma Theta Sorority, Incorporated-Oakland East Bay Alumnae Chapter Scholarship, P.O. Box 2149, Oakland, CA 94621, on or before April 15, 2016.**

Those who qualify will be notified to appear for a final interview with the scholarship committee. If you have questions, please contact us at the e-mail addresses below:

Sincerely,

Scholarship Co-Chairs,
LeeNell M. Jennings-lmjennings@earthlink.com or Dolores J. Ward-ward3410@aol.com

DELTA SIGMA THETA SORORITY, INC.
OAKLAND EAST BAY ALUMNAE CHAPTER
Post Office Box 2149
Oakland, California 94621

LILLIAN PIERCE BENBOW SCHOLARSHIP

***STUDENT SCHOLARSHIP APPLICATION**

PLEASE PRINT WITH BLUE OR BLACK INK OR TYPE

***Application available on-line: Delta Sigma Theta Sorority, Inc/Oakland East Bay Alumnae...listed under Programs-Scholarship**

AN OFFICIAL SEALED COPY OF YOUR TRANSCRIPT MUST BE ATTACHED TO THE APPLICATION

STUDENT INFORMATION:

PART I: BACKGROUND/PERSONAL INFORMATION

Name _____ Sex _____
(Last) (First) (Middle)

Home Address _____
(Number/Street)

City _____ County _____ State _____ Zip code _____

Telephone Number (____) _____ Email: _____

Cell Phone Number (____) _____

Ethnic Background _____

Name of High School now attending _____

School Address: _____

City/County/State _____

Name of School Counselor _____

Expected Graduation Date _____

Cumulative Grade Point Average (**MUST BE 3.00 OR HIGHER**) _____

SAT Score _____

SPECIAL AWARDS/HONORS (if a separate sheet of paper is used, be sure your name and special awards/honors are on the paper(s))

SPECIAL INTERESTS, TALENTS, HOBBIES, COMMUNITY WORK, And CHURCH INVOLVEMENT: (if a separate sheet of paper is used, be sure your name and special interests, talents, hobbies, community work, and church involvement are on the paper(s))

SCHOOL ACTIVITIES: (if a separate sheet of paper is used be sure your name and school activities are on the paper(s))

INTENDED COLLEGE MAJOR: _____

COLLEGES TO WHICH YOU HAVE APPLIED:

ACCEPTANCE STATUS
(CIRCLE ONE)

YES NO

YES NO

YES NO

WHICH ONE HAVE YOU CHOSEN TO ATTEND, AND WHY? _____

PART II: WRITE A BRIEF Persuasive ESSAY (750 word essay) DESCRIBING YOUR GOALS, NEEDS AND FUTURE PLANS *(type the essay on separate paper. Attach the essay to this section of the application (Your name must be written on the essay.)*

PART III: FAMILY INFORMATION (ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL)

LIST ALL FAMILY MEMBERS LIVING IN THE HOME INCLUDING PARENTS AND THE AGES OF ALL MINORS IN THE HOUSEHOLD

NAME	AGE	RELATIONSHIP

TOTAL FAMILY INCOME **INCLUDING** SALARIES, PENSIONS, SOCIAL SECURITY, BENEFITS, DISABILITY, DIVIDENDS AND AFDC FOR EACH FAMILY MEMBER LISTED.
 (Note: family income can be subject to verification)

	SALARY	OTHER	TOTAL
Father			
Mother			
Applicant			
Other:			

LIST OTHER EXTRAORDINARY FAMILY EXPENSES SUCH AS MEDICAL AND DENTAL COSTS, EDUCATIONAL EXPENSES OF FAMILY MEMBERS

TYPE OF EXPENSE	AMOUNT

PART IV

Is there anything that you would like to share with us that would help us to better assess your application?

Please Sign

Signature

Date