



Dear Graduating Senior,

We are pleased you are considering applying for a scholarship offered by Delta Sigma Theta Sorority, Inc. Delta Sigma Theta is an international public service organization founded at Howard University in 1913. The Lansing Alumnae Chapter is one of more than 900 chapters in the sorority throughout the world. The purpose of the scholarship is to acknowledge the scholastic, service and community accomplishment of graduating high school students.

ELIGIBILITY

- ☐ Have a 2.75 GPA (cumulative) or better on a 4.0 scale
- ☐ Be a citizen of the United States
- ☐ Graduate from a high school in the Chapter's service area, which includes Lansing, East Lansing, Grand Ledge, Haslett, Jackson, Mason, Okemos, Williamston, Holt, and DeWitt.
- ☐ Be a Black/African American female student
- ☐ Plan to attend a college or university in fall of 2026 (verification of enrollment will be required)

REQUIRED MATERIALS

- ☐ Completed and signed application (including photo and release form). No substitutions (i.e. resumes, summary of accomplishments) for the application will be accepted.
- ☐ **Official** high school transcript
Transcript must include the cumulative GPA, signature of designated school official and/or raised school seal. (Designated school officials are: Academic Counselor, Secretary, Registrar, Records Clerk, or Principal)
- ☐ Two one-page letters of recommendation from individuals other than family members who are familiar with your accomplishments. Letters must be signed and should be on letterhead, when appropriate.
- ☐ Letter of acceptance to a college or other educational institution (*see note on the "checklist" page*)
- ☐ A typed essay answering the question: As you reflect on your educational and career goals, why do you think you would be a worthy recipient of this scholarship?
(Please type on separate sheet. Your essay should be 500-750 words)
- ☐ Signed Photo Release Form and a recent photo

***IF ANY ITEM OR PORTION OF THE APPLICATION IS OMITTED,
THE ENTIRE APPLICATION WILL BE DISQUALIFIED.***

DEADLINE

Completed application packets must include all of the required materials in a single envelope.

Packets must be ***postmarked or electronically submitted by Friday, February 27, 2026.***

Please mail or e-mail your packets to:

Ms. April Clark, Scholarship Committee

Delta Sigma Theta Sorority, Inc.

Lansing Alumnae Chapter

P.O. Box 27491

Lansing, Michigan 48909

Email: DSTLACScholarship@gmail.com

P. O. BOX 27491 LANSING, MICHIGAN 48909-0491 | WWW.LACDELTAS.ORG



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P.O. Box 27491, Lansing, Michigan 48909

Scholarship Application

Personal Information

Student Name _____ Birth Date _____
(First) (Middle) (Last)

Permanent Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ (Cell) _____ (Home) Email Address _____

Race/Ethnicity _____

Family Information

Father/Guardian Name _____ Occupation _____

Address (If different than above) _____ City _____ State _____ Zip _____

Phone Number _____ (Cell) _____ (Home) Email Address _____

Mother/Guardian Name _____ Occupation _____

Address (If different than above) _____ City _____ State _____ Zip _____

Phone Number _____ (Cell) _____ (Home) Email Address _____

ESSAY QUESTION

As you reflect on your educational and career goals, why do you think you would be a worthy recipient of this scholarship?

(Your essay should be 500-750 words, 12-point font and double-spaced.)

☐ I verify that the above information is true and accurate.



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List your extra-curricular activities, offices held, and years of participation. Use additional page if needed.

Club or Committee Name	List Offices Held	Dates of Participation

List community organizations of which you were a member (include community service, church work, etc.).

Organization Name	List Offices Held	Dates of Participation

List all honors or special recognition you have received in high school.

Name of Award or Recognition (with description)	Date Awarded



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List your work experience.

Name of Employer	Position Held	Dates of Employment

List your volunteer experience.

Example: Sparrow Hospital	Played with and read to patients in pediatric unit for two hours/wk	April 2022- June 2022

What are your hobbies? _____

Identify the college(s) and location(s) where you have been accepted and/or where you have applied.

College or University Name	City and State	Applied or Accepted?



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Checklist

ALL OF THE ITEMS LISTED BELOW MUST BE INCLUDED IN YOUR PACKET IN ORDER FOR THIS APPLICATION TO BE CONSIDERED. PLACE A CHECK MARK NEXT TO EACH ITEM THAT YOU ARE SUBMITTING. PLEASE CAREFULLY REVIEW DETAILS REGARDING EACH ITEM. DETAILS ARE LISTED IN THE "REQUIRED MATERIALS" SECTION OF THE APPLICATION. SCHOLARSHIP APPLICATION DEADLINE: FRIDAY, FEBRUARY 27, 2026.

☐	<i>Completed, typed application form with original signatures of student and parent/guardian</i>
☐	<i>Official high-school transcript (ACT/SAT scores and current GPA should be included)</i>
☐	<i>Two (2) signed letters of recommendation from non-family members</i>
☐	<i>Letter of Acceptance from a college or educational institution. Note: An otherwise complete application will be reviewed without the mentioned Letter of Acceptance, however the letter must be sent to the sorority as soon as the applicant receives it. The Letter of Acceptance must be received by the sorority no later than Friday, April 10, 2026 in order for the application to be considered.</i>
☐	<i>Photo of Applicant</i>
☐	<i>Signed photo release form</i>
☐	<i>Essay - Typed 12-point font, double-spaced, 500-750 words</i>



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Permission to Use Photographs

RELEASE FOR MINOR CHILDREN (Under 18)

Participants in programs sponsored by the Lansing Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are sometimes photographed and videotaped, or asked for photograph for use in future promotional and educational materials.

I authorize the Lansing Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to record the image and voice of the subject named below and give the Lansing Alumnae Chapter of Delta Sigma Theta Sorority, Inc. all rights to the use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising, and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Participant's Name: _____

Signature of Parent/Legal Guardian: _____

(Address) (City, State, Zip)

Date: _____