



Scholarship Application

**Albany (NY) Alumnae Chapter
Delta Sigma Theta Sorority, Inc.**

All completed applications and required documents must be postmarked and returned via mail or email to:

Attn: Scholarship Committee Chair
Albany (NY) Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 5187
Albany, NY 12205

Email: Scholarship.dstanya@gmail.com

**No Later Than
March 31, 2026**

For additional information, please contact:
scholarship.dstanya@gmail.com

DELTA SIGMA THETA SORORITY, INC.

Delta Sigma Theta Sorority, Incorporated was founded on January 13, 1913, by 22 collegiate women at Howard University to promote academic excellence and provide assistance to those in need. The Founders of Delta Sigma Theta envisioned an organization committed to sisterhood, scholarship, service, and addressing the social issues of the time. Since its founding, Delta Sigma Theta has become one of the preeminent service-based sororities, with more than 350,000 initiated members and over 1,050 chartered chapters worldwide.

As a sisterhood comprised primarily of Black, college-educated women, the Sorority seriously considers the issues impacting the Black community and boldly confronts the challenges of African Americans and, hence, all Americans. Over the years, a wide range of programs addressing education, health, international development, and the strengthening of African American families have evolved. The major programs of the sorority are based upon the organization's Five Point Programmatic Thrust:

Five Point Programmatic Thrust:

1. Economic Development
2. Educational Development
3. International Awareness and Involvement
4. Physical and Mental Health
5. Political Awareness and Involvement

ALBANY ALUMNAE CHAPTER

The Albany Alumnae Chapter was chartered on June 17, 1967 by 13 college educated women. Since its inception, the Chapter has initiated over 60 new members who actively support Chapter programs in support of the organization's Five Point Program Thrust. Some of these programs include: Delta Pearls, Dr. Betty Shabazz Delta Academy, and Delta G.E.M.S.

- Scholarship: awarded over \$100,000 in incentive awards to Capital District youth in pursuit of higher education
- Biennial Debutante Cotillion
- Black History Month Creative Expression Contest
- Youth Empowerment Summit
- Homeowner's Seminar
- Delta Days at the State Capitol
- "Toni A Brewton Adopt-a-Family" Program
- Voter Registration/ Education
- Support for AIDS Awareness and Prevention
- Power of We Social Action Awards
- Participation in the American Heart Association/American Stroke
- Association's "Power to End Stroke" Campaign

Albany (NY) Alumnae Chapter

Scholarship Eligibility Requirements

- Δ Candidate must be a high school senior who has received acceptance as a matriculated full-time first year student entering an accredited post secondary institution.
- Δ Candidate must come from a group historically under-represented in higher education.
- Δ Candidate must reside within the Capital District but may attend school elsewhere.
- Δ Candidate must have demonstrated academic achievement with a high school minimum cumulative average of **75/100**.
- Δ Candidate must complete an interview with the Scholarship Committee.

IMPORTANT NOTE: Children of members of the Albany (NY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are not eligible to receive scholarship awards from the Albany (NY) Alumnae Chapter.

Additional Scholarship

There is one additional scholarship that will be awarded for the 2026-2027 academic year. If you are interested in applying to any or all these scholarships, please note you must meet both the Albany (NY) Alumnae Chapter scholarship criteria and the criteria for the additional scholarship(s) you would like to be considered for as indicated by your selection below:

Catherine E Reavis Scholarship

A long-time resident of the Capital District, Catherine E Reavis was born in New Rochelle, New York. Catherine graduated from the State University of New York, New Paltz where she received her bachelor's degree in Art and Columbia University where she received her master's degree in Fine Arts. One of her many accomplishments was her employment as the first African American teacher in Tarrytown, NY. From 1960 to 1970, she taught elementary school art in Newburgh, NY. Catherine accepted a teaching position with the Troy Public Schools where she taught both middle and high school art; she retired in 1998.

Her vocation and commitment to serving the community allowed her to become a member of the Albany (NY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. She was an active member for 39 years and served as Vice President and chairperson of the Arts & Letter Committee. She was also a member of The Links, Inc., an organization committed to leadership and service and in 2010 was appointed to serve on the National Arts Committee. Catherine was one of the founders and board members of Black Dimensions in Art, Inc. based in Schenectady, NY. Throughout her life, Catherine remained extremely active in community and civic affairs until her passing on April 18, 2013.

Interested candidates must meet the following additional criteria to be eligible:

- Δ Candidate must have demonstrated academic achievement with a high school minimum cumulative average of **80/100**.
- Δ Interested in pursuing a career as an educator or in the fine arts.

Application Required Documents Checklist

PLEASE NOTE: The Scholarship Committee WILL accept both duly signed and digital signatures with dates on scholarship applications and all letters of recommendation. Candidates can have each recommender email their letter directly to the Scholarship Committee on their behalf.

- Δ Completed and signed application
- Δ Indicate scholarship selection(s)
- Δ Two Letters of Recommendation (All letters should be reflective of activities that occurred during the academic year 2025 – 2026. **All letters must be signed and dated.**
 - One (1) letter from a high school/college official. The letter must describe the candidate's academic performance and extra-curricular contributions. The letter must be on the official school letterhead.
 - One (1) character reference letter from someone other than a relative.
- Δ An **OFFICIAL SCHOOL TRANSCRIPT:**

Due **March 31, 2026.**

Official transcripts can be mailed in a sealed envelope with your application or emailed directly to the Scholarship Committee from the candidate's high school. **(Photocopies/facsimiles will not be accepted)**
- Δ A 200–300-word personal statement, which should include the candidate's goals, accomplishments, community involvement, and reasons why they should be considered for our scholarship.

IMPORTANT NOTE

All items listed are required and must be submitted to be considered for a scholarship award. Incomplete application packages will be deemed ineligible and removed from consideration.

Albany (NY) Alumnae Chapter Scholarship Application

Directions: Please provide all information requested below.

I. Applicant Information

First Name	Middle Name	Last Name	Gender
Home Address			
City		State	Zip
Home Phone #	Cell Phone #	E-mail Address	
Date of Birth (Month/Day/Year)		Place of Birth (City and State)	
High School (For Current High School Applicants Only)			
Current High School			
High School Address			
City		State	Zip
Grade		Overall GPA	

II. Parent/Guardian Information

Name of Mother/Guardian			
Mother/Guardian's Address (only if different from applicant address)			
City		State	Zip
Mother/Guardian's Home Phone #	Mother/Guardian's Cell Phone #	Mother/Guardian's E-mail Address	
Mother/Guardian's Occupation		Mother/Guardian's Highest level of Education Completed	

Name of Father/Guardian			
Father/Guardian's Address (only if different from applicant address)			
City		State	Zip
Father/Guardian's Home Phone #	Father/Guardian's Cell Phone #	Father/Guardian's E-mail Address	
Father/Guardian's Occupation		Father/Guardian's Highest level of Education Completed	

III. Honors and Awards (e.g., academic, athletic, community, and/or school awards)

Award	Source of Award	Reason(s) for Award
1.		
2.		
3.		
4.		
5.		

IV. Extra-Curricular/Community Service Activities (e.g., school, religious, social groups)

Name of Group/Activity	Grade (Check boxes that apply.)				Leadership Position(s) Held
	9	10	11	12	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
College Activities (if applicable)					

V. Colleges and Universities (For High School Applicants Only)

Name of School to Which Applied	City & State	Status of Application
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

VI. Financial Awards and Scholarships

Scholarship, Loan, Grant, or Award for Which You Applied	Awarding Organization	Amount Expected (Not Received)	Amount Awarded (Received)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL AMOUNT EXPECTED (NOT RECEIVED)			
TOTAL AMOUNT AWARDED (RECEIVED)			

VII. Personal Statement

In a 200 to 300-word essay, please share why the Albany (NY) Alumnae Chapter should consider you for this scholarship(s). Please include goals, accomplishments, and community involvement.

SELECT THE DATE WHEN YOU WOULD BE AVAILABLE FOR AN INTERVIEW, SHOULD YOU ADVANCE TO THE INTERVIEW ROUND:

Please Note: All interviews will take place between 6:00pm - 8:00pm EST.

- Wednesday, April 15, 2026
- Thursday, April 16, 2026

Certification

I hereby certify that all the information provided in this application is accurate and current. I understand that this application packet will be kept confidential, and all materials submitted become the final property of the Albany (NY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I acknowledge that all application materials are subject to verification.

Signature of Candidate

Date

PHOTOGRAPH, MEDIA, AND VIDEO AUTHORIZATION RELEASE FORM

I/We, ("Parent/Guardian"), as parent(s) or legal guardian(s) of, give permission for _____ Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images ("Images") taken of my child during participation in Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I/We also give permission for the Chapter to highlight my child's achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's programs, including the Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Parent/Guardian Signature Date

Print Name

Parent/Guardian Signature Date

Print Name

