



# *Delta Sigma Theta Sorority, Inc.*

## TOKYO ALUMNAE CHAPTER

General Delivery Box 12

APO, AP 96338

Email: [TACscholars1999@gmail.com](mailto:TACscholars1999@gmail.com)

Website: [www.tokyoalumnaedst.com](http://www.tokyoalumnaedst.com)

January 13, 2024

Dear Applicant,

Delta Sigma Theta Sorority, Inc. is a national public service organization of predominantly black college-educated women. Our national programmatic thrust is divided into five major areas: Educational Development, Economic Development, International Awareness and Involvement, Political Awareness and Involvement, and Physical and Mental Health. One of our primary aims in the local community is to promote academic excellence among youth.

As part of our annual program, the Tokyo Alumnae Chapter of Delta Sigma Theta Sorority, Inc. offers scholarships to eligible high school seniors who attend Kinnick, Yokota or Zama High schools. This year, we will award the ***Jacquelyn B. Williams Memorial Scholarship***, in the amount of \$1000 each, to three graduating seniors who plan to further their education at a four-year college or university of their choice.

Scholarship applications and guidelines can be found on our website: [www.tokyoalumnaedst.com](http://www.tokyoalumnaedst.com) or from your school counselor. When completing the application, please ensure to accurately follow all instructions. Also, please remember that **all** requested transcripts must be **official transcripts** from your current school of enrollment and should be submitted in a sealed envelope. To be considered, all completed applications and other requested materials must be postmarked no later than April 1, 2024 to:

Tokyo Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attention: Scholarship Committee  
Central Delivery Box 12  
APO, AP 96338

Scholarship awards will be presented in May 2024, date and time to be determined. If you have any further questions or need additional assistance, feel free to send an email to: [TACscholars1999@gmail.com](mailto:TACscholars1999@gmail.com). On behalf of the Tokyo Alumnae Chapter of Delta Sigma Theta Sorority, Inc., thank you for your interest and we look forward to hearing from you.

Respectfully,

*Dr. Janice M. Bennett*

Dr. Janice M. Bennett

Scholarship and Awards Chairperson



*Delta Sigma Theta Sorority, Inc.*  
**TOKYO ALUMNAE CHAPTER**  
**Jacquelyn B. Williams 2023-2024 Memorial Scholarship**

**SCHOLARSHIP CRITERIA**

The Tokyo Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is excited to award the Jacquelyn B. Williams Memorial Scholarship to deserving graduating high school seniors who meet the following criteria:

**Applicants must:**

1. Be a graduating senior enrolled at either Kinnick, Yokota, or Zama high schools.
2. Have a minimum cumulative grade point average (GPA) of 2.5 on a 4.0 scale.
3. Plan to enroll as a full-time student at a four-year college or university for the 2023-24 academic school year.
4. Demonstrate scholastic achievement, leadership skills, and participation in extra-curricular school activities and community service.

**SUBMISSION GUIDELINES AND REQUIREMENTS**

To be considered, applications must submit:

1. A completed and typed application which includes both the applicant and parent signatures. **The completed application MUST be postmarked or submitted electronically by April 1, 2024.** Please refer to the Scholarship Application Checklist to ensure the application packet is accurate and complete before submitting. Incomplete and/or handwritten applications **will not** be considered.
2. A one-page typed **ESSAY** (250-word minimum double spaced).
3. Two (2) signed and sealed **RECOMMENDATION FORMS** (enclosed). Forms may be completed by a teacher, minister, or community/civic leader. Please note that one recommendation form **MUST** be completed by a teacher.
4. An official academic transcript (which includes GPA) in a sealed envelope.
5. A printed copy of SAT/ACT scores.
6. A completed and signed **SCHOOL COUNSELOR VERIFICATION FORM** in a sealed envelope.
7. Interview.

If selected, the recipient will receive a one-time scholarship in the amount of \$1,000 toward tuition and fees.

**\*\* Please note: All monies for scholarship will be disbursed to the selected college or university after enrollment verification. Unclaimed funds will be forfeited.\*\***





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**Section II: Scholarship**

Current school of enrollment: \_\_\_\_\_

Installation: \_\_\_\_\_

School Address: \_\_\_\_\_

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

Current Grade Point Average (GPA) computed on a 4.0 scale: \_\_\_\_\_

Class Rank: \_\_\_\_\_ Number of students/class: \_\_\_\_\_

SAT/ACT Scores: \_\_\_\_\_

***\*\* Please note: All applicants are required to submit a copy of SAT/ACT scores. Additionally, an OFFICIAL academic high school transcript, completed and signed by your high school counselor, and enclosed in a SEALED ENVELOPE must accompany this application.***

List the names of the colleges/universities which you plan to attend in the order of preference.

College/University	Location	Application/ Acceptance Date	Anticipated Major



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**Section III: Extra-Curricular Activities/ Awards and Honors:**

List any school activities/organizations you have participated in during high school (grades 9-12). Please include any offices and/or leadership positions held.

Activity/Organization	Office/Position Held	Grade(s) of Active Participation

List all academic achievements and/or awards received during the last four years (grades 9-12).

Achievements/ Awards and Honors	Grade(s)/Year



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**Section IV: Community/Volunteer Involvement**

List any church, volunteer and/or community service activities in which you are involved outside of school. Please include dates and office or positions held, if applicable.

Volunteer Activity/Organization	Office/Position Held	Dates of Active Participation

Have you participated in any of the following Delta Sigma Theta Sorority, Inc. Youth Initiatives?

**Delta Academy:** Yes/No    **Delta GEMS:** Yes/No    **EMBODI:** Yes/No

If you answered yes, please list the location and year(s) of participation.

\_\_\_\_\_

We certify that the information contained herein to be true and correct to the best of our knowledge.

\_\_\_\_\_  
Signature of Applicant

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



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**Section V: Essay**

Applicants are required to submit a typed essay in response to one (1) of the following questions:

1. Provide an alarming statistic about a social issue in your community and share the biggest change or contribution you would make to address this issue?
2. Explain the most significant lesson you have learned from your involvement in leadership, community service, work experience, or extracurricular activities?

**Essay Requirements:**

- Typewritten (handwritten essays will ***not*** be accepted)
- A minimum of 250 words, but no more than one page in length
- Double spaced
- Times New Roman or Arial (font), 12-point font
- One-sided only
- Applicant's name typed in the upper right-hand corner of page



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**Section VI: Recommendation Form**

All applicants are required to submit a total of two (2) recommendation forms. One recommendation form must be completed by a teacher and the other by a community, civic or church leader. Each recommendation form ***must*** be submitted in a sealed envelope with the reference's signature across the sealed portion. Recommendation forms cannot be completed by a relative.

**Letter Requirements**

In addition to speaking to your character, your letters for both categories should include the following:

- Name, position and organization/school of reference (on official company/school letterhead).
- Context in which the person providing the recommendation knows you as the applicant.
- Length of time the person providing the recommendation has known you.
- Explanation of your involvement in the organization.
- Information regarding why you should receive the scholarship award.
- Address letter to: *Tokyo Alumnae Chapter of Delta Sigma Theta Sorority Inc. Scholarship Committee.*

Please provide the names, addresses and telephone numbers of the two persons completing the recommendation forms. Family members should not serve as either of your references.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_



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**Recommendation Form  
 (Teacher)**

**Applicant's Name:** \_\_\_\_\_

**How well do you feel you know the applicant? (Please check one)**

- \_\_\_\_ Very well (More than one year)
- \_\_\_\_ Fairly well (More than one semester)
- \_\_\_\_ Not very well (Less than one semester)

**Please evaluate the applicant using the statements provided below. Please check the statements, which best describe the applicant in relation to students, academics and extracurricular activities. Please check only one response for each statement.**

	Not Observed	Above Average	Average	Below Average
Makes friends easily.				
Shows interest & concern for the welfare of others.				
Influences other students to work together.				
Communicates effectively orally.				
Communicates effectively in written work.				
Sets an example of good conduct for other students.				
Exerts maximum effort, showing a strong desire to achieve				
Shows self-control & performs well, even under pressure.				
Adjusts to a demanding schedule of activities without neglect to school work.				
Seeks academic challenge beyond that required by normal course work.				
Sets high standards for own performance in a number of areas and activities.				
Accepts constructive criticism & makes improvements from it.				



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Accepts full responsibility for personal shortcomings.				
Participates in extracurricular activities.				
Serves in leadership capacity in school organizations.				
Is an all-around good citizen and volunteer.				

**Briefly explain, in at least one paragraph, why you think the applicant should receive this award. (Please feel free to attach additional pages if needed).**

Teacher's Name: (Please Print) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please place the completed form in a sealed envelope and return to the applicant.**



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**Recommendation Form**  
**(Community, Civic or Church Leader)**

**Applicant's Name:** \_\_\_\_\_

**How well do you feel you know the applicant? (Please check one)**

- \_\_\_\_ Very well (More than one year)  
 \_\_\_\_ Fairly well (More than one semester)  
 \_\_\_\_ Not very well (Less than one semester)

**Please check the statements, which best describe the applicant in relation to students, academics and extracurricular activities. Please check only one response for each statement.**

	Not Observed	Above Average	Average	Below Average
Demonstrates interest in community.				
Shows interest & concern for the welfare of others.				
Influences other students to work together.				
Communicates effectively orally.				
Communicates effectively in written work.				
Sets an example of good conduct for other students.				
Exerts maximum effort, showing a strong desire to achieve				
Shows self-control & performs well, even under pressure.				
Makes friends easily.				
Is a positive role model.				
Accepts constructive criticism & makes improvements from it.				
Accepts full responsibility for personal shortcomings.				
Teaches practical skills to others.				
Seeks challenges beyond those normally required.				
Is an all-around good citizen and volunteer.				



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Eagerly volunteers to assist with activities and/or other tasks.				
Exhibits strong moral character.				

**Briefly explain, in at least one paragraph, why you think the applicant should receive this award. (Please feel free to attach additional pages if needed).**

Evaluator's Name: (Please Print) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please place the completed form in a sealed envelope and return to the applicant.**



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**SCHOOL COUNSELOR VERIFICATION FORM**

Applicant's Name: \_\_\_\_\_

Gender: Female \_\_\_ Male \_\_\_

High School Currently Enrolled: \_\_\_\_\_

Applicant's Highest SAT Score: \_\_\_\_\_

Applicant's Highest ACT Score: \_\_\_\_\_

Applicant's Grade Point Average (on a 4.0 scale) \_\_\_\_\_

Applicant's Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ students.

School Counselor's Name: \_\_\_\_\_

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

Phone Number: (     ) \_\_\_\_\_

School Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please place the completed form in a sealed envelope and return to the applicant.**



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**SCHOLARSHIP APPLICATION CHECKLIST**

**Fully completed application packets must be postmarked or electronically submitted by April 1, 2024.** Please double check each component of the application requirements to ensure accuracy and completeness. Late or incomplete applications will not be considered.

Reminders:

- A completed and typed application which includes both the applicant and parent signatures.
- A one-page typed **ESSAY** (250-word minimum double spaced).
- Two (2) signed and sealed **RECOMMENDATION FORMS** (enclosed). Forms may be completed by a teacher, minister, or community/civic leader. Please note that one recommendation form **MUST** be completed by a teacher.
- An official academic transcript (which includes GPA) **in a sealed envelope**.
- A printed copy of SAT/ACT scores.
- A completed and signed **SCHOOL COUNSELOR VERIFICATION FORM in a sealed envelope**.
- Two (2) signed **RECOMMENDATION FORMS** in sealed envelopes. Forms may be completed by a teacher, minister, or community/civic leader. Please note that one recommendation form **MUST** be completed by a teacher.
- Include all components in one large envelope.

**Submit completed application packets to:**

Tokyo Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attn: Scholarship Chairperson  
Central Delivery Box 12  
APO, AP 96338