



Delta Sigma Theta Sorority, Inc.
St. Croix Alumnae Chapter
P.O. Box 8024
Christiansted, VI 00823



THE 2025 RITA WEBER SCHOLARSHIP APPLICATION INFORMATION SHEET

REQUIREMENTS:

1. MUST BE **FEMALE**
 2. MUST HAVE A MINIMUM OF A 3.0 GRADE POINT AVERAGE
 3. MUST BE ACCEPTED TO A COLLEGE OR UNIVERSITY
 4. MUST SHOW FINANCIAL NEED
 5. CANNOT BE AN IMMEDIATE RELATIVE OF A MEMBER OF THE ST. CROIX ALUMNAE CHAPTER
-

YOUR COMPLETED APPLICATION PACKET MUST INCLUDE THE FOLLOWING ITEMS:

1. COMPLETED TYPED OR PRINTED **AND** SIGNED APPLICATION.
2. TWO (2) LETTERS OF REFERENCE FROM NON-RELATIVES; WHO HAVE KNOWN YOU FOR THE PAST TWO YEARS.
3. TRANSCRIPT(S) OF YOUR HIGH SCHOOL RECORD.
4. EVIDENCE OF ADMISSION TO COLLEGE OR UNIVERSITY.
5. A 500-WORD, TYPED, BIOGRAPHICAL ESSAY INCLUDING FUTURE PLANS.
6. AN **IRS** CERTIFIED COPY OF PARENT(S) OR GUARDIAN(S) TAX RETURN FOR THE YEAR 2024.
7. A RECENT PHOTOGRAPH. WALLET SIZE (2x3) PREFERRED. NO SELFIES.

COMPLETED APPLICATIONS MUST BE RECEIVED ON OR BEFORE APRIL 15, 2025.

APPLICATIONS CAN BE SUBMITTED VIA U.S. POSTAL SERVICE OR EMAIL.

MAIL COMPLETED PACKET TO:

DELTA SIGMA THETA SORORITY, INC.
ST. CROIX ALUMNAE CHAPTER
ATTN: SCHOLARSHIP COMMITTEE
P.O. BOX 8024
CHRISTIANSTED, VI 00823

EMAIL COMPLETED PACKET TO:

dst_scholarship@yahoo.com

PLEASE TYPE OR PRINT YOUR RESPONSES

PERSONAL PROFILE

Name:				
Mailing Address:	Address			
	City, State, Zip code			
Phone Number: xxx-xxx-xxxx				
Date of Birth: mm/dd/yyyy				
High School Attending:				
In what field do you plan to pursue?				

HOUSEHOLD INFORMATION

Applicant lives with: <i>Check one</i>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian
Number of Dependents (including yourself) living at home:	
How many are or will be attending college/university?	
Household Income: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

PARENTS INFORMATION

Mother's Name:	
Occupation:	
Place of Employment:	
Work Phone #: xxx-xxx-xxxx	
Father's Name:	
Occupation:	
Place of Employment:	
Work Phone #: xxx-xxx-xxxx	

SPECIAL ACHIEVEMENTS/HONORS, AWARDS, AND RECOGNITION

Applicant's Signature

SCACDSTI
RWS2025



Date mm/dd/yyyy