



# Delta Sigma Theta Sorority, Incorporated

Daytona Beach Alumnae Chapter  
PO Box 12037  
Daytona Beach, FL 32120-2037



## 2020-2021 GRADUATING SENIOR SCHOLARSHIP AWARD APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

E-mail Address: \_\_\_\_\_

Applicant's Phone Numbers: Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Name of High School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

GPA: (uw) \_\_\_\_\_ (w) \_\_\_\_\_ Community Service Hours: \_\_\_\_\_

**GPA and Community Service Hours will be verified via Transcript Only.**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Number of Siblings: # at home: \_\_\_\_\_ Ages: \_\_\_\_\_ # in college \_\_\_\_\_

Are you employed? Yes \_\_\_ No \_\_\_ Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

Place of Current Employment: \_\_\_\_\_ Position \_\_\_\_\_

School Activities: (Indicate grade level and offices held, if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church/Community Organizations and Activities: (Indicate grade level and offices held, if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards: (Indicate grade level): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

