



Delta Sigma Theta Sorority, Incorporated

Daytona Beach Alumnae Chapter
PO Box 1287
Daytona Beach, FL 32115-1287



2017-2018 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) _____ Class Rank: _____ Class Size: _____

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): _____



CHECKLIST

Delta Sigma Theta Graduating Senior Scholarship Award Application

	Date	Task
<input type="checkbox"/>		Scholarship Award Application Completed
<input type="checkbox"/>		Counselor Verification Signature on the application
<input type="checkbox"/>		College acceptance letter or Admissions Office email notification (if applicable)
<input type="checkbox"/>		
<input type="checkbox"/>		Essay of at least 250 words (maximum 350 words). Double-spaced, typed
<input type="checkbox"/>		
<input type="checkbox"/>		Transcript (Must be official copy)
<input type="checkbox"/>		
<input type="checkbox"/>		Letter of recommendation from school on official letterhead
<input type="checkbox"/>		
<input type="checkbox"/>		Letter of recommendation from community organization on official letterhead
<input type="checkbox"/>		
<input type="checkbox"/>		Photo (head shot)
<input type="checkbox"/>		
<input type="checkbox"/>		Photo release form signed by parent or guardian
<input type="checkbox"/>		
<input type="checkbox"/>		Application postmarked on or before 3/30/2018