

DELTA SIGMA THETA SORORITY, INC.
LOS ANGELES ALUMNAE CHAPTER
2020 SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT



NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City / Zip)

PHONE: (_____) (BIRTHDATE): _____

EMAIL: _____

HIGH SCHOOL: _____

SCHOOL ADDRESS: _____
(Street) (City / Zip)

COLLEGE ADVISOR'S NAME: _____ Phone: (_____) _____

GPA: _____ SAT/ACT SCORES:(R) _____ (W) _____ (M) _____
(Attach copy of SAT/ACT highest scores, and Date Taken if NOT recorded on Transcript)

HONORS: _____

HIGH SCHOOL ACTIVITIES: _____

COMMUNITY/VOLUNTEER ACTIVITIES: _____

LIST ANY OUTSIDE JOBS YOU HAVE HELD WHILE IN HIGH SCHOOL:

COLLEGE YOU ARE PLANNING TO ATTEND:

1. _____

2. _____

PROPOSED COLLEGE MAJOR:

CAREER OBJECTIVES/GOALS:

1. _____

2. _____

REFERENCES (3): (May be the same as those who wrote letters of recommendation)

1. _____ Phone: (____) _____

2. _____ Phone: (____) _____

3. _____ Phone: (____) _____

MOTHER/GUARDIAN INFORMATION:

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City / Zip)

PHONE: (____) _____

EMAIL:

FATHER/GUARDIAN INFORMATION:

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City / Zip)

PHONE: (____) _____

EMAIL: _____

FINANCIAL STATEMENT

MOTHER/GUARDIAN OCCUPATION: _____

FATHER/GUARDIAN OCCUPATION: _____

ANNUAL HOUSEHOLD INCOME: _____

SIBLINGS CLAIMED AS DEPENDENTS ON PARENTS INCOME TAXES:

	NAME	GRADE IN SCHOOL OR YEAR IN COLLEGE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

LIST ANY OTHER SCHOLARSHIPS OR GRANTS FOR WHICH YOU APPLIED:

1. _____
2. _____
3. _____
4. _____

HAVE YOU EVER PARTICIPATED IN THE **LOS ANGELES ALUMNAE CHAPTER DELTA ACADEMY, GEMS, OR EMBODI YOUTH PROGRAMS?**

(check one) **YES** **NO** Which Program? _____

IF YOU ANSWERED "YES," HOW LONG HAVE YOU PARTICIPATED? LIST YEARS OF INVOLVEMENT.
