



Delta Sigma Theta Sorority, Inc.
San Francisco-Peninsula Alumnae Chapter
A Service Organization

SCHOLARSHIP APPLICATION

Date Due: March 9, 2012

Student Profile

Name: _____

Address: _____

Telephone: _____ E-Mail Address: _____

Social Security Number: _____

Date of Birth: _____ Number of Siblings: _____

Name of Parent(s) or Guardian: _____

Do you have a job? Yes: _____ No: _____

If yes, where and describe your duties: _____

Academic Profile

Name of High School: _____

High School Address: _____

City / State / Zip: _____

Cumulative Grade Point Average: _____ Expected Graduation Date: _____

Name of Guidance Counselor: _____

School Involvement

List all high School extra-curricular activities from 9th – 12th grade. Include offices held, honors received, etc. (*write response on the space provided, use additional paper if necessary*)

Community Involvement

List all community groups and / or organizations in which you have participated outside of the high school. Include specific information regarding the offices held, honors received, and the general extent of your involvement.

College / University Information

Please provide the name and address of the college / university that you have been accepted into or the name of the college / university that you plan to attend.

Name of School: _____

Address: _____

City / State / Zip: _____

School Phone: _____ Your Intended Major: _____

SUBMIT THE FOLLOWING APPLICATION MATERIALS:

1. A completed scholarship application.
2. A one-page autobiographical statement.
3. A one-page essay on the following topic: **“Why a college education is important to me.”**

4. Two letters of recommendation. (**No Relatives**)

Acceptable letters may be from the following:

- a. High school teacher
- b. High school counselor
- c. Community representative or religious leader
- d. Employer
- e. Active member of Delta Sigma Theta Sorority, Inc.

5. An **official** copy of your most recent high school transcript that shows your cumulative GPA.

6. A copy of your college acceptance letter(s) when available.

7. A photograph of yourself.

8. Mail the application materials to: Delta Sigma Theta Sorority, Inc
San Francisco-Peninsula Alumnae Chapter
P. O. Box 5426
South San Francisco, CA 94080
Attention: Education and Scholarship Committee

UPON RECEIPT AND REVIEW OF THE ITEMS LISTED ABOVE, YOU WILL BE NOTIFIED OF THE DATE, TIME AND PLACE FOR YOUR PERSONAL INTERVIEW.

I _____ (Print your name) have read the entire application packet and if chosen for a scholarship, I agree to abide by the guidelines set forth in the **Eligibility Requirements** and understand that the guidelines may be modified periodically with notice.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

INTERNAL USE ONLY:

Date Application Received: _____

Reviewer: _____

Scholarship Decision: _____ **Awarded** _____ **Declined** **Award Amount:** _____

Award Start Date: _____ **Award End Date:** _____

Date Applicant Notified: _____ **E/S Chairperson:** _____