



ACADEMIC SCHOLARSHIP APPLICATION

DEADLINE: MARCH 15, 2017

PLEASE PRINT OR TYPE - ONLY LEGIBLE APPLICATIONS WILL BE PROCESSED

PERSONAL INFORMATION

Full Name: _____

Home Address: _____

City: _____ State: Illinois Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Current High School: _____

Current G.P.A. _____

High School Counselor: _____

Counselor Phone Number: _____

Counselor Email Address: _____

Intended College Major _____

Is your parent or guardian a member of Delta Sigma Theta Sorority, Inc. Joliet Area/South Suburban Alumnae Chapter? Yes No

FINANCIAL INFORMATION

Gross annual household income (circle one)

\$0 - \$14,999 \$31,000 - \$44,999
\$15,000 - \$29,999 \$45,000 - \$59,999
\$60,000 or more



COLLEGES or UNIVERSITIES YOU ARE CONSIDERING

1. College/ University: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip: _____

2. College/ University: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip: _____

3. College/ University: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip: _____

****Please note that the Scholarship check will be mailed directly to the college or university the student is attending so it is important that the address to the Financial Aid Office is correct.****

If you are the recipient of a scholarship, you will be required to provide one of the following as proof of enrollment which may include but not limited to:

- Signed Housing Contract
- School Schedule
- School ID
- Official Admission Letter

Due on or before June 1, 2017 or you will forfeit the scholarship offer.



COMMUNITY SERVICE INVOLVEMENT

* Please list and explain any community service activities (school or non-school related) in which you are actively involved. If there is not enough space, please attach a one page document, with your name, explaining your involvement.

Submit one (1) letter of recommendation on the official organization letterhead to document your involvement

Service Activity:	Your Role/Contribution:
1.	
2.	
3.	
4.	
5.	

<p align="center"><u>EXTRACURRICULAR ACTIVITIES</u> PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED</p>

<p align="center"><u>HONORS AND AWARDS</u></p>



PLEASE LIST ANY HONORS OR AWARDS YOU HAVE RECEIVED

Table with 5 empty rows for listing honors or awards.

PERSONAL STATEMENT

PLEASE ANSWER THE FOLLOWING TWO QUESTIONS

(Include your name with a heading, 250 Words or Less, 12 pt. Times Roman, Double Space)

AS YOU REFLECT ON YOUR HIGH SCHOOL YEARS, EXPLAIN WHICH OF YOUR COMMUNITY SERVICE ACTIVITIES HAS HAD THE MOST IMPACT ON YOUR LIFE AND WHY?

WHY DO YOU BELIEVE YOU DESERVE TO BE AWARDED THE DELTA SIGMA THETA SCHOLARSHIP?

All materials MUST be RECEIVED on or before MARCH 15, 2017 for consideration. (No email applications will be accepted.)

I hereby certify that the information contained herein is true and accurate to the best of my knowledge. I attest that the applicant is a person of color (minority), attends high school and resides in the 604 or 608 zip code. I understand that all materials submitted become the property of Delta Sigma Theta Sorority, Inc. and will not be returned.

Signature of Student _____ Date _____

Signature of Parent _____ Date _____