

#### MOBILE ALUMNAE CHAPTER

#### **DELTA SIGMA THETA SORORITY, INC.**

#### SCHOLARSHIP APPLICATION

#### **APPLICATION GUIDELINES**

- The applicant must **type or neatly print** (using blue or black ink, only) all information on to the application. **The application must be signed and dated**.
- The applicant must provide an **OFFICIAL TRANSCRIPT** in a sealed envelope. The transcript must include the **unweighted GPA**, class rank, history of **ACT/SAT scores**, and signature of counselor or registrar; along with the school's seal. You can obtain this from your Guidance Counselor or Registrar.
- The applicant must provide **two letters of recommendation**. The letters can come from a Guidance Counselor, School Administrator, Teacher, Minister, and/or Club/Organization Advisor. **The letters of recommendation MUST be typed on official letterhead and signed (electronic signatures are NOT acceptable).**
- The applicant must type a one-page essay that will help the committee get to know you better. Your essay should address the following areas:
  - 1. What are your post-graduation plans?
  - 2. What makes you a great candidate for this scholarship?
  - 3. How can this scholarship help you accomplish your goals?
- The applicant must **submit all information in ONE PACKET** (do not mail information separately).
- Upon reciept and clearance of application packet, the applicant will sit for an interview with members of the Scholarship Committee.
- Application packets will only be accepted by mail. Packets must be POSTMARKED
  NO LATER THAN Friday, March 27, 2020. Mail application packets to:

Mobile Alumnae Chapter – Delta Sigma Theta Sorority, Inc.

ATTN: Scholarship Committee

P.O. Box 2313

Mobile, Alabama 36652



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DIRECTIONS: Please type or neatly print all information on the scholarship application.

Personal Information:		
Name:		
FIRST NAME	MIDDLE NAME	LAST NAM
Address:		
City:	State:	Zip:
Home Telephone Number:	Cell Phone	Number:
(The	se numbers will be called to schedule interview date	and time)
Email Address:		
(Confi	irmation of Interview Date and Time will be sent to th	is address)
Parental Information:		
Parent(s)/Guardian(s) Name	e(s):	
Address:		
City:	State:	Zip:
Home Telephone Number:	Cell Phone	Number:
Email Address:		
School and Community	Activities:	
High School Presently Atten	ding:	
	Highest ACT Composite:	
	chool):	
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Community and Church Activities:			
·	·		
Leadership Positions Held in Organizations, Honors, Awards, Notab	·		
Collegiate Plans:			
College/University you plan to attend:			
Address:			
Intended Major:			
My signature certifies that all information listed on this application are true and correct to the best of my knowledge.	, and on any attachments,		
Signature	Date		

\*Your application packet MUST include the following: a completed and signed application, official transcript and test scores in a sealed envelope, one-page typed essay, and two letters of recommendation. Packets that do not include this information will be disqualified.\*