



DELTA SIGMA THETA SORORITY, INC.

Saginaw Alumnae Chapter Scholarship Application



Name Permanent Address City State Zip Code Contact Telephone Number

Race/Ethnicity Sex (M or F) School now attending G.P.A. Extra-curricular involvement (School and Community)

Father/Guardian Address Place of Employment/Source of Income Annual Income

Mother/Guardian Address Place of Employment/Source of Income Annual Income

List brothers and sisters still living at home (18 years and under) Church Membership

Have you been accepted at any college(s)? YES ___ NO ___ If yes, what college(s)?

College you plan to attend? Major Expected expenses for each year?

List other scholarships/grants you have applied for Amount of expenses parents can pay?

Have you been granted any scholarship(s)? YES ___ NO ___ If yes, what scholarship(s)?

Signature of Applicant Date

Attach a copy of your high school transcript(s) and letters of recommendation as well as a one-page statement of your reason for going to college and your career objectives. Include any additional information that will help the committee in their decision. Please make sure that you have answered every question on this application to be considered for assistance.

I certify that the academic information included on this application is accurate.

I certify that the financial information on this application is accurate.

Counselor Phone

Parent (your parent signature gives us authorization to use student names and pictures in future promotions)