



ST. LOUIS ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
2018 ACADEMIC SCHOLARSHIP APPLICATION  
**MUST BE TYPED**

**SECTION III: FINANCIAL NEED**

1. Annual Household Income:

____ More than \$-0-But less than \$15,000	____ More than \$35,000 But less than \$45,000
____ More than \$15,000 But less than \$25,000	____ More than \$45,000 But less than \$55,000
____ More than \$25,000 But less than \$35,000	____ Above \$55,000

2. How many reside in your household? \_\_\_\_\_ 3. How many minors are in your household? \_\_\_\_\_

**SECTION IV: AUTOBIOGRAPHY**

Please attach a one page typed autobiography. Discuss extra-curricular, church, and community activities, as well as honors and awards that you have received during your high school career. Include why you would like to be considered for this scholarship.

**PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:**

1. A high school transcript that reflects seven (7) semesters.
2. Two letters of recommendation, one from each of the following:
  - a. A high school counselor, teacher or principal.
  - b. A community service entity. Letter must be on the organizations letterhead.
3. Current wallet size photo of yourself.
4. Autobiography.

All information is subject to verification. Please mail the completed application to:

**DST Mind Guard Scholarships**  
**C/O Yvette Allen, Education Committee Chair**  
**P.O. Box 410844**  
**St. Louis, MO 63141**

**ALL APPLICATIONS MUST BE RECEIVED BY THURSDAY, MARCH 8, 2018.**

You will be contacted for an interview only if the application is TYPED, proper signatures are in place and all requested information is included with the application.

If you have any questions, please call (314) 726-5869.

I/we hereby certify that the information contained herein is true and correct to the best of my knowledge.

Signed \_\_\_\_\_ day of \_\_\_\_\_ 2018

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian