ST. LOUIS ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
2020 ACADEMIC SCHOLARSHIP APPLICATION
MUST BE TYPED

NAME:_____SOCIAL SECURITY NO._____

ADDRESS:_____PHONE#: _____

CITY:_____STATE:_____ZIP_____

AGE:_____ SEX: _____

FATHER: _____
First Middle Last

FATHER'S PLACE OF EMPLOYMENT_____POSITION_____

MOTHER: _____
First Middle Last

MOTHER'S PLACE OF EMPLOYMENT_____POSITION_____

SECTION I:

1. High School: _____
2. School Address: _____
3. City:_____State:_____
4. College you plan to attend: _____
5. State:_____Anticipated Major: _____

SECTION II: (To be completed by High School Counselor)

1. High School GPA (Computed on a 4.0 scale) _____
2. Class Rank:_____Number Students in Class: _____
3. ACT Score:_____SAT Score: _____

_____
Signature of Counselor

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SECTION III: FINANCIAL NEED

1. Annual Household Income:

____More than $-0-But less than $15,000
____More than $15,000 But less than $25,000
____More than $25,000 But less than $35,000
____More than $35,000 But less than $45,000
____More than $45,000 But less than $55,000
____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 FRIDAY, FEBRUARY 28, 2020.

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_____2020

_____ _____
Signature of Applicant Signature of Parent/Guardian