

ST. LOUIS ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
2018 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

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 _____ 2015

Signature of Applicant

Signature of Parent/Guardian