

**FORT PIERCE ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.**



**SCHOLARSHIP  
APPLICATION**

Mail completed application and all required documents to:

Fort Pierce Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Scholarship Committee  
Post Office Box 1421  
Fort Pierce, FL 34954

**APPLICATION DEADLINE:**

This information must be postmarked **on or before April 7th** of the current school year.

2009-2010

**TO THE APPLICANT:**

Delta Sigma Theta Sorority, Inc is pleased to offer a scholarship award up to five hundred (\$500.00) dollars to a deserving female high school graduate of the current school term, who plans to enroll in college in the fall term, which immediately follows graduation from high school. The applicant must have an unweighted grade point average of at least 2.8 on a 4.0 grading scale. She may receive this award exactly once. ***Please submit all requested information with application. Incomplete applications will not be considered.***

(PLEASE TYPE OR PRINT IN BLUE/BLACK INK )

**PART I. -APPLICANT INFORMATION:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**MALE PARENT OR GUARDIAN:**

NAME \_\_\_\_\_ PHONE (If different) \_\_\_\_\_

ADDRESS (If different) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**FEMALE PARENT OR GUARDIAN:**

NAME \_\_\_\_\_ PHONE (If different) \_\_\_\_\_

ADDRESS (If different) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**PART II. -INCOME:**

Please check the combined annual salary range of parents, guardians, or persons assuming responsibility for your college education. ***(The committee reserves the right to consider financial status in awarding this scholarship.)***

Below \$12,000 \_\_\_\_\_ \$12,000 - \$25,000 \_\_\_\_\_

\$25,001 - \$40,000 \_\_\_\_\_ Above \$40,000 \_\_\_\_\_

***NOTE: MUST PROVIDE COPY OF W-2 FROM PREVIOUS TAX YEAR AS PROOF OF INCOME.***

**NUMBER OF SIBLINGS IN THE HOUSEHOLD:**

Below school age \_\_\_\_\_ K-12 \_\_\_\_\_ In college \_\_\_\_\_

**PART III. –HIGH SCHOOL/COLLEGE INFORMATION:**

HIGH SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

*Expected date of graduation:* \_\_\_\_\_**GRADE POINT AVERAGE** *(To qualify, your unweighted average must be 2.8 or above on a 4.0 scale)*

WEIGHTED: \_\_\_\_\_ UNWEIGHTED: \_\_\_\_\_

**VERIFICATION** (by guidance counselor or school registrar)

Print name \_\_\_\_\_ Signature \_\_\_\_\_

Contact number \_\_\_\_\_

COLLEGE/UNIVERSITY CHOICE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

*Have you been accepted?:*  Yes  No *Intended Major :* \_\_\_\_\_*(Applicant must be accepted for admission to a college or university for the fall immediately following graduation.)**Check will be made payable to institution once proof of enrollment is received***PART IV. –ADDITIONAL APPLICATION REQUIREMENTS:****PLEASE SUBMIT THE FOLLOWING ITEMS LISTED BELOW WITH YOUR APPLICATION:***Please submit typed letters*

- 2 Letters of recommendation from the following persons:
  - Teacher/ counselor (Reference for character, citizenship, and prediction of academic success)
  - Adult (not related) character letter of reference
- A personal biography sketch which includes membership or participation in school, church, civic and or social organization
- A statement describing your specific need for financial assistance
- A school picture I.D. or Florida state issued identification

**PART V. –SIGNATURES/(Required):****I HEREBY CERTIFY, that the above information is true and correct to the best of my knowledge and belief.**\_\_\_\_\_  
Print Name (Student)\_\_\_\_\_  
Signature/Date\_\_\_\_\_  
Print Name (Parent)\_\_\_\_\_  
Signature/Date