



DELTA SIGMA THETA SORORITY, INC.



PHOENIX METROPOLITAN ALUMNAE CHAPTER

Scholarship Application

Applicant Information

Name _____
Last First Middle

Permanent Address _____ Phone () _____
City State Zip Email _____

Mailing Address _____
City State Zip

Gender: M _____ F _____ Birthdate _____ Age _____ Race/Heritage _____

Is your mother a member of Delta Sigma Theta Sorority, Inc.? _____ Yes _____ No

If so, is she a member of the Phoenix Metropolitan Alumnae Chapter? _____ Yes _____ No

School Information

High School Name _____

High School location _____
Address City State Zip

College Attending _____

Location _____
Address City State

Overall GPA _____ Graduation Date _____ Major _____ Tuition Amount _____

SCHOLARSHIP BACKGROUND

Scholarships awarded including those covering the period of aid requested in this application (attach additional sheets if needed):

Source	From	To	Annual Amount

Activities

List your extra-curricular school and community activities (if additional space is required, attach one (1) 8 ½ x 11 typed sheet)

Community Service Activities:

Organization	Dates	Level of Participation (i.e. office held, honors, volunteer)

Extra-Curricular Activities:

Organization	Dates	Level of Participation (i.e. office held, honors, volunteer)

Awards/Recognitions

Award	Organization	Dates

- I have met ALL eligibility requirements as outlined and acknowledge that misrepresentation of the information presented may be grounds to rescind the scholarship award. I also agree to inform the scholarship committee of any significant changes to that information.
- I am willing to appear for a personal interview and forward any additional information, if deemed necessary.
- I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc., Phoenix Metropolitan Alumnae Chapter.
- I will use the proceeds of any scholarship received for the payment of **tuition, required fees, room and board**, and/or **required materials** only.
- If I am awarded a scholarship, I will provide satisfactory evidence, as required by Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter, of my full-time enrollment during the period(s) for which the scholarship is awarded.
- I will attend the Scholarship Awards program.
- I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes in all Delta Sigma Theta Sorority, Inc. publications.
- I agree to the release of official transcripts of my grades to Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter.

Print Name

Signature

Date