**Delta Sigma Theta Sorority, Inc.**
**Inglewood Alumnae Chapter**

# SCHOLARSHIP APPLICATION

## Personal Data

**Name** _____
**Last** **First** **Middle Initial**

**Residential Address (PO Box not accepted)** _____

_____
**City** **State** **Zip**

**Phone (Home)** _____ **(Cell)** _____

**E-mail** _____ **Date of Birth**_____/_____/_____

**Are you an African-American high school senior?** ☐ Yes ☐ No

## School Information

**High School** _____

**Current GPA**_____ **Grading Scale** ☐ **4.0** ☐ **5.0** **Graduation Date** _____

**Class Rank** _____ **Class Size** _____

**SAT** _____ _____ _____ _____ **ACT** _____ _____
Date V/CR Math Writing Date Composite Score

**Degree Pursuing** _____

List Colleges/Universities applied/accepted to:

_____ _____
_____ _____
_____ _____

Extra-Curricular/Community Service:

_____ _____
_____ _____
_____ _____

## Family Information

**Number of Siblings** _____ **Number of Siblings in College** _____

**Are you the first person in your immediate family to go to college?** ☐ Yes ☐ No

_____ _____
**Applicant's Signature** **Date**