TOPEKA ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, Inc.
ACADEMIC SCHOLARSHIP APPLICATION

Please type or print in black ink legibly

NAME _____

ADDRESS _____

CITY_____ STATE_____ ZIP CODE _____

AGE _____ GENDER _____ PHONE _____

EMAIL_____

Office Use only
Candidate Number _____
Date application received _____

Candidate number _____

SECTION I: EDUCATION

1. HIGH SCHOOL_____
2. SCHOOL ADDRESS_____
3. CITY _____ STATE _____
4. COLLEGE YOU PLAN TO ATTEND _____
5. STATE _____ ANTICIPATED MAJOR _____

SECTION II: ACADEMICS (TO BE COMPLETED BY HIGH SCHOOL COUNSELOR**)**

1. HIGH SCHOOL GPA (COMPUTED ON 4.0 SCALE): _____
2. CLASS RANK _____ NUMBER OF STUDENTS/CLASS _____
3. PLEASE SUBMIT HIGH SCHOOL TRANSCRIPT

_____
Counselor Signature

SECTION III: FAMILY FINANCIAL INFORMATION (PLEASE CHECK ONE**)**

FAMILY GROSS ANNUAL INCOME:

1. LESS THAN $25,000 _____
2. MORE THAN $25,000 BUT LESS THAN $50,000 _____
3. MORE THAN $50,000 BUT LESS THAN $75,000 _____
4. MORE THAN $75,000 BUT LESS THAN $100,000 _____
5. MORE THAN $100,000 B UT LESS THAN $150,000 _____

SECTION IV: EXTRA CURRICULAR ACTIVITY (SCHOOL/NON SCHOOL)

List all extra-curricular activities (school, church, and community). Include all honors, awards, and leadership participation. Include work experience here as well.

9th Grade

A._____

B._____

C. _____

D. _____

E. _____

10th grade

A. _____

B. _____

C. _____

D. _____

E. _____

11th Grade

A. _____

B. _____

C. _____

D. _____

E. _____

12th Grade

A. _____

B. _____

C. _____

D. _____

E. _____

SECTION V: **ESSAY**

Please provide a 250–500-word essay. The essay should describe in detail why you would like to be considered for a Topeka Alumnae Chapter of Delta Sigma Theta

Sorority, Inc. scholarship. Please include leadership participation and educational and career aspirations.

WE HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

_____ _____

APPLICANT SIGNATURE **DATE**

_____ _____

PARENT/GUARDIAN SIGNATURE **DATE**