Delta Sigma Theta Sorority, Inc. Baker-Zachary Alumnae Chapter

Scholarship Application

Type or Print in Ink			
Contact and Perso	onal Information		
Name:			
First	Middle	Last	
Mailing Address:			
	Street or PO Box including Apt#	if any	
City	State	Zip Code	
Email Address	Cell Phone #	Home Phone #	
Birth Date		Last Four Digits of SS Number	
Family Informatio	<u>n</u>		
Who lives with yo	u?		
Name and Occupa	ation of Mother/Guardian:		
Name and Occupa	ition of Father/Guardian:		
High School Infor	mation and Test Scores		
High School Name	::		
High School GPA:	Weighted Non Weig	hted	
ACT Score (if avail	able):		

Awards and Honors

What awards, honors, scholarships and recognitions have you received from your school and community over the past four years? (This may include honor role, academic and sports awards, extracurricular recognitions, service awards, etc.)

Award	Year(s) Received

Extracurricular and Community Involvement

In what school and community clubs and organizations have you been **actively** involved over the past four years?

Name of Club, Organization or Community Service Activity	Grade Level, Position Held, Role Responsibility

*If you need additional space for your listings you may attach a separate sheet.

Write a one-page double-spaced essay titled "Why a College Education Is Important to Me." This should be polished, well written, and give us a better sense of you as a person beyond what is already included in your application.

Application Certification

I certify that all statements made in this application form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I have also read and noted all requirements for this application and understand that an incomplete or late application will disqualify me for consideration for this award. If awarded a scholarship, I give the Baker-Zachary Alumnae Chapter permission to use my name in any materials, reports, press releases, website and activities associated with its scholarship program. I understand that all financial and academic information from my transcript and application is, and shall remain, confidential.

Printed Name

Signature

Date

Your application packet must include the following:

- 1. The completed application
- 2. An official copy of your seven or eight-semester transcript
- 3. An official copy of your ACT Scores (if available)
- 4. Two letters of recommendation (one from your counselor, and one from a teacher), attesting to your character, motivation, potential, etc.
- 5. A listing of awards, recognitions, extracurricular and community involvement.
- 6. A one-page double spaced typed essay titled "Why a College Education Is Important to Me."

Applications must be mailed to the address below and **postmarked no later than March 16, 2021.**

Delta Sigma Theta Sorority, Inc. Baker-Zachary Alumnae Chapter Scholarship P.O. Box 338 Baker, LA 70704-0338