

Pasadena Alumnae Chapter DELTA SIGMA THETA SORORITY, INC.

STUDENT ACADEMIC AWARD APPLICATION

Name					_
Last	-	First		Middle initial	
Address				Phone ()	
Street Apt. #	City	State	Zip code		
Mobile Phone ()		E-mail Add	ress		
Date of Birth	Place of B	irth	Age	_ Gender	
High School Attended	Name of Oak and				
	Name of School		D	ates of Attendance	
	Name of School		Da	ates of Attendance	
Date of graduation		Unweighted	d, Cumulative GPA		
Have you been accepted to If yes, please list below and not been received to date, processed to chairperson upon receipt.	d include a copy of yo	our letter of acc	eptance if already re		
Name of College or University			Tuition fees		
Name of College or University			Tuition fees		
Have you been awarded an If yes, please give details.	y scholarship(s) and/	or financial aid	from another source	? Yes	No

Activities

Scholastic (State honors and aware	ds)	
a	C.	
b	d	
Offices and Leadership positions (List organization, position, etc.)	
a	C.	
b	d	
Membership in organization where	no office was held. (List organization)	
a	C.	
b	d	
School Related Extra Curricular Ac	tivities	
a	C.	
h		
D	d	
be.		
	f	
e	f	
e. Non-school Related Extra Curricula	f f c	

Work/ Volunteer Experience/Involvement

Dates	Job/Volunteer Title	Location	Weekly hours	Wages

In addition to this form, you must also submit a two-page essay (typed, double-spaced, 12 pt. font) with your application materials. For the essay, select specific events in your life to tell about yourself. Please choose those events in your life that mean the most to you and include your feelings, beliefs, opinions, and thoughts in your writing.

All applications must be accompanied by **ONE** letter of recommendation from **school** personnel (i.e. principal, teacher, counselor, coach) and **ONE** letter of recommendation from a **community** person (i.e. employer, minister, neighbor, organization sponsor — **NOT** school affiliated, **NOT** a relative). Recommendation letters must be on official letterhead and signed.

heard about this Delta Sigma Theta Sorority, Inc, Academic Award Application from:					
Applicant's Signature_	Date				
Parent/Guardian Name(s)					
- Address	City	Zip			
Telephone (<u>)</u>	Alternate Phone ()				
Parent/Guardian E-mail Address(es)					
Parent/Guardian Signature	Date				
Please email ALL required documents to name in the subject line. APPLICATION A FRIDAY, FEBRUARY 25, 2021. Incomplete	ND ALL SUPPORTING MATERIALS MUS	T BE RECEIVED BY			
Completed and signed typed applicationEssay (typed, double-spaced, two-pages using 12 pt. font)ONE letter of recommendation from school personnel on official letterheadONE letter of recommendation from a community person – NOT school affiliated, NOT a relativeOfficial high school transcript(s) including unweighted, cumulative GPA emailed from school registrar to AcademicAwards.PACDST@gmail.com with applicant name in the subject line					
S.A.T./A.C.T. scores, if required by Recent photograph (JPG, PNG, TIF	post-secondary educational institution F, PDF format)				

Incomplete, hand-written, or late applications WILL be disqualified without review.