

## STUDENT ACADEMIC AWARD APPLICATION

Name					
Last		First		Middle initial	
Address	City		Hom	e Phone ( )	
		State	Zip code		
Mobile Phone ( )		E-mail Add	ress		
Date of Birth	Place of E	Birth	Age	Gender	
High School Attended	Name of School		Date	s of Attendance	
	Name of School		Date	s of Attendance	
Date of graduation		Unweighted, Cumulative GPA			
State your career plans and	roacons for solost	ing that caroor			
, i		5			
Have you been accepted to					
If yes, please list below and					
not been received to date, p Chairperson upon receipt.	lease lorward a co	py of your letter	bi acceptance to the E		
Name of College or University			Tuition fees		
Name of College or University			Tuition fees		
Have you been awarded any	y scholarship(s) an	id/or financial aid	from another source?	Yes No	
If yes, please give details.					

## Activities

Scholastic (State honors and awards)		
а	C	
b	d	
Offices and Leadership positions (List organiz	ization, position, etc.)	
a	C	
b	d	
Membership in organization where no office w	was held. (List organization)	
a	C	
b	d	
School Related Extra Curricular Activities		
a	C	
b	d	
e	_ f	
Non-school Related Extra Curricular Activities	es	
a	C	
b	d	
e	_ f	

Note: If needed, please list additional honors or activities on a separate sheet of paper.

## 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.

I heard about this Delta Sigma Theta Sorority, Inc, Academic Award Application from:

Applicant's Signature	Date	
Parent/Guardian Name(s)		
Address	City	Zip
Telephone ()	Alternate Phone ()	
Parent/Guardian E-mail Address(es)		
Parent/Guardian Signature	Date	

Please email ALL required documents to <u>AcademicAwards.DSTPAC@gmail.com</u> with the applicant name in the subject line. APPLICATION AND ALL SUPPORTING MATERIALS MUST BE <u>RECEIVED BY</u> FRIDAY, FEBRUARY 23, 2024. Incomplete or late applications will not be considered.

## **Application Checklist**

- \_\_\_\_\_ Completed and signed typed application
- Essay (typed, double-spaced, two-pages using 12 pt. font)
- **ONE** letter of recommendation from **school** personnel on official letterhead
- ONE letter of recommendation from a community person NOT school affiliated, NOT a relative
- Official high school transcript(s) **including unweighted, cumulative GPA** emailed from school registrar to <u>AcademicAwards.DSTPAC@gmail.com</u> with applicant name in the subject line
- \_\_\_\_\_ Recent photograph (JPG, PNG, TIFF, PDF format)

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