



**SAN JOSE ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION**

DEADLINE: TUESDAY, JANUARY 5, 2010

PART 1: PERSONAL INFORMATION *(please print or type)*

A. Applicant's Full Name: _____
Street Address: _____
City/State/Zip: _____
Phone Numbers: _____
(Home) *(Mobile)*
E-mail Address: _____

B. PARENT(S) OR GUARDIAN INFORMATION:
Please provide the following information about the parent(s) or guardian you reside with.

Parent(s) /Guardian's Name: _____
(Last) *(First)*

Relationship to student: Mother _____ Father _____ Guardian _____ other *(please specify)* _____

Home Address: _____
(Street Number) *(Street Name)*

(City) *(Zip Code)*

Home /Cell Telephone Number _____
(Area Code)

Parent(s)/Guardian's Email Address: _____

Other dependent(s) living at home or in college:

| Name | Age | School/College | Grade/Year |
|-------|-------|----------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Use additional paper if necessary)

Are there any unusual family circumstances that should be considered? Explain and use additional paper, if necessary.

PART II: EDUCATION and ACTIVITIES

A. High School: _____ **Graduation Date** _____

Address: _____

B. College/University planning to attend _____

Select one: 2 year or 4 year

C. Awards and/or Honors: _____

D. High School activities (clubs, offices held, athletics, etc.): _____

E. Community Service and/or Church Activities: _____

F. List names and amount of scholarships you have applied for and/or received:

Applicant Signature _____ **Date** _____

Return all scholarship application documents by **TUESDAY, JANUARY 5, 2010** to:

*Karmesha L. Washington
688 Carino Terrace
Milpitas, CA 95035*

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| FOR USE BY SAN JOSE ALUMNAE CHAPTER, DELTA SIGMA THETA SORORITY, INC ONLY: | | | | | | | | | | |
| Application | Y/N | Transcript | Y/N | Letters of Recommendation (2) | Y/N | Essay | Y/N | 4x6 photo | Y/N | Accepted/Rejected |
| Interview Date and Time: _____ | | | | | | | | | | |
| Reason for rejection: _____ | | | | | Date returned: _____ | | | | | |