



**SAN JOSE ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
P.O. Box 6841  
San Jose, CA 95150  
[www.sjadeltas.org](http://www.sjadeltas.org)**

**2023-2024 SCHOLARSHIP APPLICATION**

**I. Personal Information**

Last Name:	First Name:
Street Address:	City/State/Zip:
Home Phone:	Cell Phone:
Email Address:	

**II. Parental or Guardian Information**

<u>Parent or Guardian Details</u>	<u>Parent or Guardian Details</u>
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

**III. Education and Activities**

High School Name:	Graduation Date:	
High School Address:		
University / College planning to attend:		
Select One:	2 Year	4 Year
Intended Major:		

**IV. Awards and/or Honors**

Please list your awards and/or honors:

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V. High School Activities

List clubs, offices held, athletics, etc. Describe leadership positions if any:


VI. Community Service, Civic, and/or Church Activities

Describe activities that demonstrate ongoing active involvement:


Have you participated in Images or EMBODI?(Y/N)

If yes, how many years? \_\_\_\_\_

Applicant Name (First, Middle Initial and Last Name)

\_\_\_\_\_ Date: \_\_\_\_\_

Scholarship application and all other required documentation **must be received by Monday January 22, 2024.**

Please email your packet to:  
[sjascholarships@gmail.com](mailto:sjascholarships@gmail.com)

Please send any questions to:  
[sjascholarships@gmail.com](mailto:sjascholarships@gmail.com)

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Application: Y/N    Transcript: Y/N Letters: Y/N: 4x6 photo: Y/N - Accepted / Rejected

Interview Date and Time\_\_

Reason for Rejection:\_\_\_\_\_

Date Returned:\_\_\_\_\_