

DELTA SIGMA THETA SORORITY, INC.  
TULSA ALUMNAE CHAPTER  
P.O. BOX 2732  
TULSA, OK 74101-2732

Dear Student:

Delta Sigma Theta Sorority, Inc. - Tulsa Alumnae Chapter is pleased with your decision to complete its application for a scholarship award.

Tulsa Alumnae Chapter extends scholarship awards as part of its community service program. We are proud to have continued this activity for over 65 years in the Tulsa community. Scholarships are awarded to college-bound high school seniors based on financial need, scholastic achievement(s), and community involvement. As we are unable to meet the needs of every student who applies, certain information must be included with the application form for evaluation. Please be assured that all information is kept confidential. The information that our Chapter receives is not shared with any other organization or legal entity.

**Please include the following items with your completed application form:**

- 1. *Completed, updated, official high school transcript (include 7<sup>th</sup> semester)***
- 2. *Official ACT/SAT scores verified by school counselor.***
- 3. *Photograph***
- 4. *Two (2) letters of recommendation – one from your counselor and one from a core teacher.***
- 5. *One (1) page essay on your reason for the application, and your goals and aspirations for the future.***

**\*Omission of any of the above will forfeit your application.\***

All information should be **postmarked no later than March 30, 2017** (via US Mail) to the address referenced within the scholarship application). All applicants will be notified (via US mail) of award results by **April 30, 2017**.

Good luck and our sincere wishes for a successful future.

Sandra Quince  
Chapter President

JoAnn Fennell  
Scholarship Co-Chair

Brenay Collins  
Scholarship Co-Chair

DELTA SIGMA THETA SORORITY, INC.  
TULSA ALUMNAE CHAPTER  
**SCHOLARSHIP AWARD APPLICATION**  
*\*Please print legibly in black and/or blue ink\**

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**EDUCATION**

Information from Counselor:

\*GPA \_\_\_\_\_ \*SAT \_\_\_\_\_ \*ACT \_\_\_\_\_ \*Rank in Class \_\_\_\_\_

**\*Official high school transcript must be submitted. It should include seven (7) semesters of school work. Official scores (GPA, SAT, ACT, ranking) must be verified on school transcript or on school letterhead (from counselor)**

Have you ever been suspended, expelled, or placed on probation? If so, state the reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible College Choices:

_____	Accepted _____
_____	Accepted _____
_____	Accepted _____

List any scholarships/awards and amounts you have already received. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's (full) Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's (full) Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Do you live with your parent(s)? \_\_\_\_\_

If not with parents, provide the name of Legal Guardian: \_\_\_\_\_

Do you work? \_\_\_\_\_ Name of your Employer: \_\_\_\_\_

Number of siblings: Sisters \_\_\_\_\_ Brothers \_\_\_\_\_

How many minors (under the age of 18), including yourself, live in the home? \_\_\_\_\_

**FINANCIAL DATA**

Student's gross income (salary/other) from last year: \_\_\_\_\_

Total gross family income from last year \_\_\_\_\_

What percentage of your college expenses will be paid for by your parent(s) or guardian? \_\_\_\_\_

Are there other members of your immediate family dependent upon the family income for college expenses? (yes or no) \_\_\_\_\_ If so, how many? \_\_\_\_\_



