

# WESTERN WAKE ALUMNAE CHAPTER OF DELTA SIGMA THETA, INC SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Full Name:

Date of birth:

Address:

City:

State:

ZIP Code:

Home Phone:

Email:

## EDUCATION INFORMATION

High School:

Principal:

Weighted GPA :  
Unweighted GPA:

GPA  
Scale:

Class Rank:

Class Size:

ACT Score:

SAT Scores:

College Choice #1

Intended Major:

College Choice #2

Intended Major:

## EMERGENCY CONTACT

Name of Father/Guardian:

Address:

Phone:

City:

State:

ZIP Code:

Name of Mother/Guardian

Address:

Phone:

City:

State:

ZIP Code:

## EMPLOYMENT INFORMATION (if any)

List Employment and Dates:

## EXTRACURRICULAR/SERVICE ACTIVITIES

## SIGNATURES

Principal's Signature:

Counselor's Signature:

Parents/Guardian's Signature

Applicant's Signature:

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❖ **WRITTEN ESSAY:** Please choose one question, and answer in a 500 word essay.

1. Why should you be selected to receive this scholarship and how will the scholarship help you reach your goals?

2. Describe an event in which you took a leadership role and what you learned about yourself from the experience.

3. What do you consider to be the single most important societal problem? Why? Do you see any improvements or solutions?

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List **Community Service Hours** (include at least 100 hours within your high school career including at least 50 hours within the last year.

**Community Service Organization**                      **Dates of Service**                      **Number of Hours**

1.

Community Organizer Reference/Phone Number: \_\_\_\_\_

2.

Community Organizer Reference/Phone Number: \_\_\_\_\_

3.

Community Organizer Reference/Phone Number: \_\_\_\_\_

4.

Community Organizer Reference/Phone Number: \_\_\_\_\_

5.

Community Organizer Reference/Phone Number: \_\_\_\_\_

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**Letter of Reference** (Please attach separate sheet if needed)

Name of Applicant: \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

2. In evaluating the applicant, please give your opinion of his/her personal and academic characteristics.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title / Position: \_\_\_\_\_

Please provide to applicant in sealed envelope.

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Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will **not** be considered.

Your application **must** include the following in **ONE** envelope.

### Scholarship Application Checklist:

- ❖ Completed Application Form
- ❖ Transcripts (photocopy of official transcripts is acceptable)
- ❖ Copy of letter of acceptance from college, university or vocational institution that applicant will attend, or statement explaining acceptance.
- ❖ Verification of at least **50** community service hours within the last year & at least **100** community service hours within your high school career.
- ❖ **500** word essay
- ❖ Two letters of recommendation (reference form required).

Please contact the scholarship committee at [WWACScholarships@gmail.com](mailto:WWACScholarships@gmail.com) if you have any questions.

Completed Applications must be postmarked by **April 24, 2017**

Applications can be mailed to:

Attn: Scholarship Committee Chair

Delta Sigma Theta Sorority, Inc.

Western Wake Alumnae Chapter

P.O. Box 1463

Apex, NC 27502

