New Bern Alumnae Chapter

**DELTA SIGMA THETA SORORITY, INC.**

Scholarship Application

Scholarship application for the school year beginning August 2020

*click in areas to type information*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student's Legal Name: | | |  | | | | | | | | | |
| Parents/Guardians: | | |  | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | |
|  | | | Street/PO Box | | | | City | | | State | | Zip Code |
| Telephone: | | | | | | | | Cell Phone: | | | | |
| High School: | | | | | | | | | | | | |
| Graduation Date: | | | | | | | | | | | | |
| College student will be attending: | | | | | | | | | | | | |
| College Mailing Address: | | | | | | | | | | | | |
|  | | Street/PO Box | | | | | City | | | State | | Zip Code |
| GPA: | | Class Rank: | | | SAT Scores: | | | | | | | |
| Counselor Signature | | | | | | | | | | | | |
| Have you been accepted? | | | | Yes | | | | | No | | Application Submitted | |
| Household Income: | $10,000-20,000 | | | | | $21,000-30,000 | | | | | $51,000-Above | |
| $31,000-40,000 | | | | | $41,000-50,000 | | | | |  | |
| Number of persons in household: | | | | | | | | | | | | |
| Number of other family members currently attending college: | | | | | | | | | | | | |
| Student's estimated expenses for the school year (Tuition, Room/Board, etc.):  (Information can be found on college budget statement) | | | | | | | | | | | | |
| Other resources and financial aid received or applied for (scholarships, loans, grants, parents' contributions, student's earnings, etc.). | | | | | | | | | | | | |
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Application Deadline

March 16, 2020