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*

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| 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