



Delta Sigma Theta Sorority, Inc.

Greater Waterbury Area Alumnae Chapter

## 2024 Scholarship Application

### Application Checklist

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|---|--|
| <input type="checkbox"/> Female Senior of Color     | <input type="checkbox"/> Evidence of community service<br>(Junior and Senior 20 hours) |
| <input type="checkbox"/> Upper 10% of class of 2024 | <input type="checkbox"/> Involvement in extracurricular<br>activities                  |
| <input type="checkbox"/> Cumulative "B" average     | <input type="checkbox"/> Enrolled in a public/ parochial school                        |
| <input type="checkbox"/> Two letters of reference   | <input type="checkbox"/> High School Transcript  |

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State \_\_\_\_\_ Zip code\_\_\_\_\_

Telephone (    )\_\_\_\_\_ - \_\_\_\_\_ Date of Birth\_\_\_\_\_

Email address\_\_\_\_\_

School currently attending\_\_\_\_\_

Address\_\_\_\_\_

City, State \_\_\_\_\_ Zip code\_\_\_\_\_

Please list all High school and extracurricular activities:

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Please list all current community activities:

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**Family Information:**

Father/Guardian\_\_\_\_\_Mother/Guardian\_\_\_\_\_

Address\_\_\_\_\_Address\_\_\_\_\_

Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Occupation\_\_\_\_\_Occupation\_\_\_\_\_

Employer\_\_\_\_\_Employer\_\_\_\_\_

**(Required) Annual Family Household Income:**

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**List siblings living at home:**

	Name	Age	Grade or Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**College/ Post Secondary Plans**

1. Intended Academic Major: \_\_\_\_\_

2. Where have you been accepted?

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3. What other scholarships were you granted this year?

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4. Future goals:

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**Employment:**

Are you currently employed?      Yes \_\_\_\_\_      No \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of work: \_\_\_\_\_

How long? \_\_\_\_\_      Hours per week: \_\_\_\_\_

**Essay:**

**Please attach a short, typed multiple paragraph essay (300-600 words, 12 Point Font, doubled-spaced) answering the following questions:**

- ° How will this scholarship help your future educational plans?
- ° What are your personal circumstances that support your need for this scholarship?
- ° What does character mean to you? Identify your strengths, and educational goals.

**Why should you be selected as the recipient of the Greater Waterbury Area Alumnae Chapter's 2024 Scholarship?**

Signature of applicant: \_\_\_\_\_      Date: \_\_\_\_\_

Please send application and all attachments to the following address:

Delta Sigma Theta Sorority, Inc.  
Greater Waterbury Area Alumnae Chapter  
Attn: Scholarship Committee  
P.O. Box 170      Waterbury, CT 06720  
860-880-0378

APPLICATIONS MUST BE RECEIVED in the P.O. Box by **Thursday March 14, 2023**

Applications that are missing any documents or required information will not be considered.