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	BAY CITY	Alumnae	CHAPTER SC	CHOLAF	RSHIP
1.	Full Name of Applicant	LAST	FIRST		MIDDLE
2.	Home/Mailing Address	STREET	СІТҮ	ZIP	PHONE
3.	Name of Parents				
4.	Present High School				
5.	List special recognitions you received in high school such as honors				
	awards or scholarships.	•			
6.	Name any extra-curricu athletics, student gove (Include volunteer and	rnment, cho	ir, band. Note	special	offices he
7.	athletics, student goves (Include volunteer and High School Grade Poir	rnment, cho church activ nt Average	oir, band. Note vities. <u>)</u> (Based	on a 4.	offices hel
7.	athletics, student gove (Include volunteer and	rnment, cho church activ nt Average	oir, band. Note vities. <u>)</u> (Based	on a 4.	offices hel
7. 1.	athletics, student goves (Include volunteer and High School Grade Poir	rnment, cho church activ nt Average tend college	vities.) (Based	on a 4.	offices hel

DATE

**APPLICANT'S SIGNATURE** 



DELTA SIGMA THETA SORORITY, INC. *"Intelligence is the Torch of Wisdom"* Application for Bay City Alumnae Chapter scholarship <u>Eligibility Requirements</u>

## APPLICANT MUST:

- BE ELIGIBLE FOR GRADUATION FROM HIGH SCHOOL.
- HAVE GOOD MORAL STANDING IN THE COMMUNITY.
- PROVIDE AN OFFICIAL HIGH SCHOOL TRANSCRIPT.
- INCLUDE A BRIEF AUTOBIOGRAPHY, NOT TO EXCEED ONE PAGE.
- INCLUDE A BRIEF ESSAY OF 200 WORDS OR LESS DISCUSSING YOUR CAREER PLANS AFTER COLLEGE.
- INCLUDE TWO LETTERS OF RECOMMENDATION (NOT RELATED TO THE APPLICANT) – ONE FROM A PERSON IN THE SCHOOL SYSTEM AND ONE OUTSIDE THE SCHOOL SYSTEM.
- PROVIDE A RECENT PHOTOGRAPH OF YOURSELF.
- BE ENROLLED IN AN INSTITUTION OF HIGHER LEARNING. THE SCHOLARSHIP WILL BE AWARDED AT THE END OF THE APPLICANT'S 1<sup>ST</sup> SEMESTER WHEN THE SORORITY RECEIVES TRANSCRIPT AND PROOF OF CONTINUED ENROLLMENT.

## APPLICATION DEADLINE: April 5, 2019 PARTIAL OR LATE APPLICATIONS WILL NOT BE ACCEPTED

APPLICATIONS, ALONG WITH ALL REQUIRED FORMS <u>MUST BE MAILED TO</u>: DELTA SIGMA THETA SORORITY, INC P.O. Box 1205 BAY CITY, TEXAS 77404