

NATCHITOCHEs ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.

A Public Service Sorority



Chartered
February 20, 1990

P.O. Box 174
Natchitoches, Louisiana 71457

Scholarship Application

Dear Applicant:

This is to advise you that the Natchitoches Alumnae Chapter of Delta Sigma Theta Sorority, Inc. will consider you for a scholarship. Should you desire consideration for a scholarship, please furnish the following information. This application must be **completed in its entirety** in order to be considered for a scholarship.

(* Please note that the information with an * asterisk must be provided for application to be complete

I. Personal Data:

1. Name _____

2. Parent(s) or Guardian _____

Father _____ Mother _____

*Annual Income _____

3. Home Address _____

Street

City

State

Zip

4. Telephone Number _____

5. Number of persons in family _____ Number in High School _____ in College _____

6. Ethnic Background: African American _____ Caucasian _____ Hispanic _____ Other _____

7. Name of college/university/technical school you plan to attend: _____

Major or concentration of study: _____

Why did you choose this field of study? _____

8. List extra-curricular school activities you have been a member of while in high school, and indicate offices held in each (*athletics, clubs, etc.*) **Please do not abbreviate.**

9. List high school academic awards and honors/leadership positions.

10. Name of church _____ Pastor _____
List any organizations or positions you belong to at church and indicate any positions or offices held.

11. List your community activities (non-school), including offices held, etc.

CERTIFICATION

(Important: Your signature is required below. Without your signature, your application is incomplete and will not be processed.)

I certify that the information in this application is true, complete, and accurate, and that all statements and essays are my own work. Further, I understand that a scholarship award from Natchitoches Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be denied or revoked if any information contained herein is found to be inaccurate. Should I receive a scholarship award, I hereby give permission to Delta Sigma Theta Sorority, Inc. to utilize my name, photo and scholarship award in any publicity or marketing materials.

Name of Applicant (Please Print): _____

Signature of Applicant: _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____



II. Educational Background (To be completed by high school official. All information provided is considered confidential)

1. High School _____

School Address _____

Expected Graduation Date:

2. Rank in class _____ out of _____ students as of (date) _____

*ACT Composite Score _____ *Grade Point Average _____

3. Any additional comments by Counselor/school official: _____

Signature _____

Title _____ Date: _____

Instructions: **Application information in Educational Background section must be completed and signed by your school counselor.** Please have your counselor mail the application or return the application to you to mail. Applications must be postmarked by **Monday, April 19, 2021.** **Incomplete applications or applications received after the deadline will not be considered. All applicants will be notified of their award status**
****(Please attach a photo with your full name printed on the back)***

Thank you,

Kenesha M. Coats
Kenesha Coats
Scholarship Application

Please go to the following link to complete your application and submit your documents.
<https://form.jotform.com/210735933277157>

***Required for application to be complete.**