## **Scholarship Application**

Thank you for your interest in the Educational Development Scholarship Program of the Bolivar County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Our organization celebrates academic success yearly by rewarding deserving students with financial assistance through a competitive scholarship program open to all graduating high school seniors from designated area schools.

Please complete the following information. Scholarships will be awarded to the most deserving applicants.

Permanent Address  City		Middle Name	Last Name						
			Name of Parent/Legal Guardian						
		State	Zip Code						
Permanent Phone			Mobile Phone						
Email Address			Date of Birth						
Hig	h School	HS GPA	Class Rank						
Coll	ege you plan to attend								
1.	Please list honors, achievements, awards received, office(s) held, and volunteer activities you have participated in.								
2.	2. Please list community service/extracurricular activities								
3. Please describe yourself in three sentences.									

In a Maximum of 500 words introduce yourself and explain why you deserve the scholarship. Include in the essay your strengths and aspiration for goal attainment.


Please attach any additional information you think would be pertinent to your application.

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Applicant's Signature and Date

Please Submit Application to:
Attn: Mrs. Shawandra Burnett-Walker
Chair, Scholarship Committee – Education PPD Thrust
Bolivar County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 1421
Cleveland, MS 38732-1421