



*Prince William County Alumnae Chapter of
Delta Sigma Theta Sorority, Inc.*

SCHOLARSHIP APPLICATION

Name of Applicant: _____

Name of Mother/Guardian: _____

Name of Father/Guardian: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (Home) _____ **(Cell)** _____ **(Alt)** _____

Applicant's Email: _____

Parent's /Guardian's Email: _____

School Name: _____ **Grade Point Average (minimum of 2.8):** _____

Family Income (check one):

<input type="checkbox"/>	\$0 - \$40,000	<input type="checkbox"/>	\$80,001 - \$100,000
<input type="checkbox"/>	\$40,001 - \$60,000	<input type="checkbox"/>	\$100,001 – above
<input type="checkbox"/>	\$60,001 - \$80,000	<input type="checkbox"/>	

Mother/Guardian Occupation: _____

Father/Guardian Occupation: _____

Dependents in Family (excluding your parents but including yourself): _____

Names of all household family members who will be enrolled in college for the 2018-2019 school year.

Name	Relationship	College/University	Full/Part-time

Name of College/University You Plan to Attend: _____

Major/Field of Concentration: _____

High School Extra-Curricular Activities:

Community Organization/Activities:

Honors/Awards Received:

(An additional sheet may be attached if necessary)

Applicant's Signature: _____ **Date:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

- ◆ All applications must be **postmarked by March 24, 2018** and sent to:

PWCAC Delta Sigma Theta Sorority, Incorporated

Attn: Scholarship Committee

PO Box 1099

Woodbridge, VA 22195

- ◆ Please submit this application along with:

- An official sealed transcript from your Counseling Office
- A copy of your FAFSA report
- The required essay on one of the following topics:

- “If you could create your own college course what contemporary problem would it address?”
- “Reflect on a time you questioned or challenged a belief or idea. What prompted your thinking and what was the outcome?”