

**Kalamazoo Alumnae Chapter**  
Delta Sigma Theta Sorority, Incorporated  
2024 SCHOLARSHIP APPLICATION



Name of Applicant:

-----

High School:

-----

Date: \_\_\_\_\_

**APPLICATION MUST BE TYPED**

**PLEASE MAIL APPLICATION TO:**

**Kalamazoo Alumnae Chapter**

**Attn: Scholarship Committee**

**P.O. Box 20083**

**Kalamazoo, MI 49019**

**OR E-MAILED TO:**

**[scholarship@dstkzoo.org](mailto:scholarship@dstkzoo.org)**

**Due May 1, 2024**



Kalamazoo Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
2024 Scholarship Application

1. Write a short essay relative to your special talent(s). (Example: vocal, instrumental, artistic, dramatic, inventive, etc.)

2. Please write about your educational and career goals.

- 3. Attach Copies of your official transcript and letter of acceptance to a college or university.**

## COUNSELOR RECOMMENDATION SHEET

*(This form should be filled out by the applicants' official high school counselor and returned along with the application)*

Name of Applicant:

Name of High School Counselor:

High School:

Title:

Phone Number:

Signature:

Date:

### ESTIMATE OF PERSONAL QUALIFICATIONS

Please put a "X" in only the one of the boxes for each category below:

	Superior	Above Average	Average	Below Average	Poor	Unable to Judge
1. Seriousness of Purpose						
2. Responsibility						
3. Leadership						
4. Emotional Stability						
5. Courtesy and Consideration						
6. Neatness in Appearance						
7. Initiative						
8. Home Environment						
9. Intellectual Ability in School Work						
10. Peer Relationships						

Based on: \_\_\_\_\_ Semester/Quarter

\_\_\_\_\_ Exactly

\_\_\_\_\_ in Class of \_\_\_\_\_

ACT:						
SAT:						

Cumulative Grade Point Average (GPA): \_\_\_\_\_

Additional Comments:

Kalamazoo Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
2024 Scholarship Application

## PERSONAL REFERENCE SHEET

*(This form should be filled out by at least one person not related to the applicant (teacher, employer or minister) and returned along with the application. Please make additional copies as needed)*

Name of Applicant

Name of Reference:

Address:

Phone Number:

City, State and Zip:

Signature:

Date:

### ESTIMATE OF PERSONAL QUALIFICATIONS

Please put a "X" in only the one of the boxes for each category below:

		Excellent	Above Average	Average	Below Average	Poor	Other
1. Seriousness of Purpose							
2. Responsibility							
3. Leadership							
4. Emotional Stability							
5. Courtesy and Consideration							
6. Personal Appearance							

1. Length of time you have known the applicant:

2. Your relationship to the applicant:

3. Additional Comments:

Kalamazoo Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
2024 Scholarship Application

Signing this form gives the Scholarship Committee the right to review transcripts for verification of award eligibility and use your name in publicizing awards and grants.

I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to the Scholarship Committee to review information on this form, my transcripts, and additional supporting documentation submitted as part of this application. I give permission for the Scholarship Committee to contact high school and college officials for additional academic information. If selected to receive a scholarship, I give permission for a publicity release and to share information contained in my application with appropriate scholarship donors.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_