

*Warner Robins Alumnae Chapter*  
**DELTA SIGMA THETA SORORITY, INC.**  
*WARNER ROBINS, GEORGIA*  
*SCHOLARSHIP APPLICATION*

**Please complete this form accurately and legibly.**

**PART I: PERSONAL DATA**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)

Present Address  
\_\_\_\_\_  
(Number and Street) (City/County/State) (Zip Code)

Telephone Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Name and Address of Applicant's High School:  
\_\_\_\_\_

**\*NAME AND ADDRESS OF COLLEGE PLANNING TO ATTEND:**  
(This is not applicable for Adopt-A-Child Scholarship)

\_\_\_\_\_  
\_\_\_\_\_

*\*If your college of choice changes prior to acceptance of an award, please notify the Warner Robins Alumnae Chapter as soon as possible. Lack of notification could result in the loss of scholarship.*

**PART II: FAMILY DATA**

Mother(s) Name \_\_\_\_\_

Mother(s) Occupation \_\_\_\_\_

Mother(s) Business Address \_\_\_\_\_

Father(s) Name \_\_\_\_\_

Father(s) Occupation \_\_\_\_\_

Father(s) Business Address \_\_\_\_\_

Parent's combined yearly income. (Please check one)

- |                           |                            |
|---------------------------|----------------------------|
| _____ \$0 - \$ 9,999      | _____ \$ 60,000 - \$69,999 |
| _____ \$10,000 - \$19,999 | _____ \$ 70,000 - \$79,999 |
| _____ \$20,000 - \$29,999 | _____ \$ 80,000 - \$89,999 |
| _____ \$30,000 - \$39,999 | _____ \$ 90,000 - \$99,999 |
| _____ \$40,000 - \$49,999 | _____ \$100,000 - Above    |
| _____ \$50,000 - \$59,000 |                            |

*\*Please provide proof of income, tax return, or appropriate documentation for Need to Succeed Award*

List the name and age of all children living in the home

Full Name	Age	Full Name	Age
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

Number of children in school \_\_\_\_\_ Number of children in college \_\_\_\_\_

Write a brief summary explaining need for financial assistance to attend college or daycare

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**PART III: SCHOOL DATA**

**(This is not applicable for Adopt-A-Child Scholarship)**

How do you rank in your senior class at this present time?

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List all extracurricular activities (school, church, community, etc.). Please list involvement and leadership positions held – past and present.

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What honors, awards, scholarships, etc have you received (include dates)?

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What would you like to study in college (Mathematics, teaching, business, medicine, etc.) and what are your career plans/goals?

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Additional Comments:

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**PART IV: ESSAY**

**(This is not applicable for Adopt-A-Child Scholarship)**

Provide a typed essay (one page) to explain your interest to provide worthwhile contributions and community services now and in the future.

I certify that all information in this application is accurate and complete and may be verified upon request

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please mail completed application to:

Delta Sigma Theta Sorority, Inc.  
Warner Robins Alumnae Chapter  
Attn: Cathy Johnson/Angela Woods  
P.O. Box 6861  
Warner Robins, Georgia 31095-6861