



**SAN JOSE ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
P.O. Box 6841
San Jose, CA 95150
www.sjadeltas.org**

2024-2025 SCHOLARSHIP APPLICATION

I. Personal Information

Last Name:	First Name:
Street Address:	City/State/Zip:
Home Phone:	Cell Phone:
Email Address:	

II. Parental or Guardian Information

<u>Parent or Guardian Details</u>	<u>Parent or Guardian Details</u>
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

III. Education and Activities

High School Name:	Graduation Date:	
High School Address:		
University / College planning to attend:		
Select One:	2 Year	4 Year
Intended Major:		

IV. Awards and/or Honors

Please list your awards and/or honors:

SCHOLARSHIP APPLICATION

PAGE 2

V. High School Activities

List clubs, offices held, athletics, etc. Describe leadership positions if any:

VI. Community Service, Civic, and/or Church Activities

Describe activities that demonstrate ongoing active involvement:

Have you participated in Images or EMBODI?(Y/N)

If yes, how many years? _____

Applicant Name (First, Middle Initial and Last Name)

_____ Date: _____

Scholarship application and all other required documentation **must be received by Monday January 27 2025.**

Please email your packet to:
sjascholarships@gmail.com

Please send any questions to:
sjascholarships@gmail.com

FOR USE BY DELTA SIGMA THETA SORORITY, INC. SAN JOSE ALUMNAE CHAPTER ONLY

Application: Y/N Transcript: Y/N Letters: Y/N: 4x6 photo: Y/N - Accepted / Rejected

Interview Date and Time__

Reason for Rejection:_____

Date Returned:_____