



SAN JOSE ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
P.O. Box 6841  
San Jose, CA 95150  
[www.sjadeltas.org](http://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**

<b>Please list your awards and/or honors:</b>

**V. High School Activities**

<b>List clubs, offices held, athletics, etc. Describe leadership positions if any:</b>

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

<b>Describe activities that demonstrate ongoing active involvement:</b>

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 Wednesday, February 5, 2025.

**Please email your packet to:**  
[sjascholarships@gmail.com](mailto:sjascholarships@gmail.com)

**Please send any questions to:**  
[sjascholarships@gmail.com](mailto:sjascholarships@gmail.com)