

Cambridge Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
A Public Service Sorority
Scholarship Application

Name _____

Address _____

City _____ Zipcode _____ Telephone _____

Parent's Name _____

High School _____

Address _____ Zipcode _____ Telephone _____

Counselor's Name _____

Honors/Awards _____
(attach additional sheet if necessary)

Extra-Curricular Activities _____
(attach additional sheet if necessary)

Community Activities _____

College Planning to Attend _____

Complete Address of College _____

Intended Major _____

Career Goal _____

Letters of Recommendation Requested From:

Name _____

Address _____

Name _____

Address _____

Briefly explain why this scholarship should be awarded to you. Explain special needs.