



DELTA LIFE DEVELOPMENT FOUNDATION, INC.
P.O. Box 12346 | Columbus, Georgia 31917-2346 | www.dldfoundation.org

SCHOLARSHIP APPLICATION FORM 2021-2022

FILL IN COMPLETELY AND RETURN VIA MAIL (*See back cover for address*)

Please select one (1) of the following:

Please check which award you are applying for. You can only apply for one (1) award.

Applying for more than one award will disqualify your application.

- The Delta Scholars Award (minimum GPA is 3.25)
- The Delta Service Award (minimum GPA is 3.0)
 - Enter total number of community service hours volunteered during the 2021 calendar year _____ (you will have an opportunity to provide detail in the Community Service section of the application)
- The Delta Fortitude Award – Financial Needs Based (minimum GPA is 2.75)
 - Enter your FAFSA EFC Number _____

Name: _____
Last First Middle

Email: _____ Phone: _____

Address: _____
Street Apt.# City State Zip Code

Date of Birth: _____ Age: _____ Female Male
Month Day Year

Parent (s) or Guardian: _____
Name Address Relationship

Name of High School: _____

SAT Score (if available): _____ ACT Score (if available): _____ *High School Grade Point Average: _____

Do you have a relative who is a member of Delta Sigma Theta Sorority, Inc.? yes no

Name of Member _____ Relationship to Applicant _____

If yes, are they a member of the Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc _____

List schools to which you have submitted applications (*College or University*):

List schools to which you have received letters of acceptance:

Name area(s) of interest (*intended major/degree*) you desire to pursue in a post-secondary institution:

List any sources of financial aid (*grant, scholarship, work study, etc.*) you have applied (*or will apply*) for and /or

AMOUNT received to date, if funds have been awarded:

****THIS ACADEMIC ACHIEVEMENT INFORMATION MUST BE INCLUDED ON YOUR HIGH SCHOOL TRANSCRIPT; OTHERWISE, YOUR APPLICATION WILL BE DISQUALIFIED.***



DELTA LIFE DEVELOPMENT FOUNDATION, INC.

REQUIRED INFORMATION*

COMPLETE THE FOLLOWING LIST OF ACTIVITIES. ONLY INCLUDE THE LAST FOUR YEARS.

Indicate any OFFICES HELD or LEADERSHIP POSITIONS to include the NUMBER OF YEARS in each activity.

- I. HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES _____

- II. HONORS _____

- III. AWARDS _____

- IV. COMMUNITY SERVICE AND/OR VOLUNTEER ACTIVITIES _____

- V. RELIGIOUS OR CHURCH ACTIVITIES _____

- VI. ARE YOU A MEMBER OF ANY NATIONAL, STATE, AND/OR LOCAL TEEN ORGANIZATION(s)?

- VII. HOBBIES AND TALENTS _____

- VIII. WORK EXPERIENCE _____

Applicant has answered all questions on this application form; if appropriate, not applicable (N/A) has been written.

(*Applicants are encouraged to **type** the **ABOVE required information list** AND **attach a copy.**)

SCHOLARSHIP INFORMATION CHECKLIST

Please check your scholarship application packet verifying that all requirements have been met.
Incomplete applications will not be considered.

YES	NO	
_____	_____	1. Attached in a sealed envelope is an official copy <u>WITH THE SCHOOL SEAL</u> of your high school transcript which includes your current GPA and SAT/ACT score(s) if available.
_____	_____	2. Attached is a <u>Signed</u> Recommendation Form that must be from your Counselor (Senior Counselor preferred) or Principal/Asst. Principal noting academic achievement, character, personality traits, and special talents.
_____	_____	3. Attached are TWO <u>Signed</u> Recommendation Forms completed by persons, other than relatives, who know you well.
_____	_____	4. The application has been Signed by the counselor verifying your GPA and SAT/ACT score(s) if available.
_____	_____	5. Applicant has <u>Signed</u> the application.
_____	_____	6. All questions have been answered on the application form and not applicable (n/a) has been written, if appropriate.

ALL INFORMATION PROVIDED ON THIS SCHOLARSHIP APPLICATION SHALL BE HELD IN STRICT CONFIDENCE AND SHALL NOT BE RELEASED TO ANY PRIVATE OR PUBLIC SOURCE. PERMISSION IS GIVEN TO THE SCHOLARSHIP COMMITTEE TO VERIFY THE INFORMATION PRESENTED IN THIS APPLICATION AND TO USE INFORMATION AND PHOTOS FOR FUTURE PRINT AND MEDIA ADVERTISEMENTS

Applicant's Signature

Signature of Counselor

DO NOT WRITE BELOW THIS LINE

Action Taken

Accepted ()

Denied ()

Canceled ()

Date _____

Comments _____

FORWARD SCHOLARSHIP INFORMATION TO:

DELTA LIFE DEVELOPMENT FOUNDATION, INC.

CHAIRPERSON SCHOLARSHIP COMMITTEE

P.O. Box 12346

COLUMBUS, GA 31917-2346

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Lisa Dupree (404) 886-7486 | DLDF2005@GMAIL.COM

Date Requested _____ Date Received _____