



Delta Sigma Theta Sorority, Inc.

Uncompromising Commitment to Communities: Service, Leadership, Empowerment

**Delta Sigma Theta Sorority, Inc.
Lafayette Alumnae Chapter
P.O. Box 90182
Lafayette, LA 70509**

TO: All Scholarship Applicants

RE: 2017 Scholarship Application

DATE: February 22, 2017

On behalf of the Lafayette Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I am pleased to forward to you our 2017 Scholarship Application. The scholarship is open to all high school seniors attending high school in Lafayette, St. Martin, or Vermilion parishes.

A total of three \$1,000.00 scholarships will be awarded. All applicants must have a cumulative GPA of at least a 2.5 on a 4.0 scale, be in need of financial assistance, and plan to enroll in an accredited college or university following high school graduation.

Please note that all applications submitted **must** have the following supporting documentation in order to be considered by the Scholarship & Awards Committee: **a copy of applicant's official high school transcript, copy of applicant's ACT scores and GPA (verified by School Counselor). Please select the family's gross annual income and provide the sworn affidavit for income, and provide the number of people in the family.** Please note that page five of the scholarship application **must** be signed by the applicant and at least one of the applicant's parents or the legal guardian.

Please return all applications to: ATTN: Scholarship & Awards Committee, Lafayette Alumnae Chapter, Delta Sigma Theta Sorority, Inc., P. O. Box 90182, Lafayette, LA 70509. All applications must be **postmarked by April 3, 2017.**

If there are questions, please email them to lafayettealumnaedst@gmail.com or visit our website at www.lafayettealumnae-dst.org. The Scholarship & Awards Committee will hold all information submitted in the utmost confidence.

Thank you in advance for your cooperation in this matter.

Sincerely,

LaKisha L. Varner

LaKisha L. Varner, Chairperson
Scholarship & Awards Committee

Ayesha K. Martin

Ayesha K. Martin, President
Lafayette Alumnae Chapter



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2017 SCHOLARSHIP APPLICATION

Date: _____ School: _____

Applicant's Name: _____

DOB: _____ Gender: Female Male Race: White Black/African American Other _____

Personal Information

Home Mailing Address: _____

School Mailing Address: _____

Home Telephone Number: _____ School Telephone Number: _____

Parent(s)' Name(s): _____

Number of People in Household: Adults: _____ Children: _____

Annual Gross Income	
Less than \$10,000	
\$10,000 - \$30,000	
\$30,000 - \$50,000	
\$50,000 - \$80,000	
\$80,000 - More	

****A sworn affidavit/sworn testimony must be completed verifying Annual Gross Income. This information MUST be completed for the application to be considered. (If this information is not completed, your application will be considered incomplete and it will not be scored).**

State of Louisiana
Parish of _____

BEFORE ME, the undersigned Notary, _____ [name of Notary
before whom affidavit is sworn], on this _____ [day of month] day of _____ [month],
20____, personally came and appeared _____ [name of
affiant], who declared and verified that the income range of _____ and number of people in
household: Adults _____ Children _____ represented in this application is true and accurate.

[signature of affiant]

[Print name of affiant]

[address of affiant, line 1]

[address of affiant, line 2]

Subscribed and sworn to before me, this _____ [day of month] day of _____ [month], 20____.

[Notary Seal:]

[signature of Notary]

[typed name of Notary]

NOTARY PUBLIC

ID NUMBER

My commission expires: _____, 20____.

*** By signing below, you agree to allow the Scholarship & Awards Committee of the Lafayette Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to review your records and application. These signatures serve as confirmation that all information provided is correct.**

Applicant's Signature ***Date***

Parent's Signature / Legal Guardian ***Date***

***** FOR SCHOLARSHIP COMMITTEE USE *****

Date Postmarked: _____

Date Received: _____

Signature: _____