

SOUTHERN NEVADA ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INCORPORATED P. O. Box 93742

Las Vegas, Nevada 89193-3742

2024-2025 SCHOLARSHIP APPLICATION FORM

Personal Information:

Last Name: First Name: Street Address: City/State/Zip: **Home Phone/Cell Phone: Email Address: Parental or Guardian Information** Name: **Street Address:** City/State/Zip: **Home Phone/Cell Phone: Email Address: Relation to Applicant:**

Education

High School Name:	Name of University/College planning to attend:
	2-Year 4-Year
High School Street Address:	City/State/Zip:
City/State/Zip:	Intended Major:
Expected Graduation Date:	Intended Minor:
Awards and/or Honors/High School Activities Please list your awards and/or honors List clubs, offices held, athletics, etc. Describe leadership positions:	
Work Experience List any work experience, describe the position(s) and responsibilities:	

Describe activities that demonstrate ongoing active involvement:	
STATEMENT OF RELEA	SE/CERTIFICATION
Southern Nevada Alumnae Chapter of Delta Sigma information contained in this application should I that the essay is my personal work, and that the in the best of my knowledge. I understand that the m become the property of Southern Nevada Alumnae I understand that late or incomplete applications of the standard stand	become a scholarship recipient. I certify formation submitted is true and accurate to aterials submitted as part of this application e Chapter of Delta Sigma Theta Sorority, Inc.
Applicant's Signature:	Date:
Parent's Signature:	Date:

Scholarship application, sealed transcript and all other required documentation must be received by Wednesday, May 7, 2025

Mail your packet to:

Southern Nevada Alumnae Chapter Delta Sigma Theta, Inc. P.O. Box 93742 Las Vegas, NV 89192-3742

Please send any questions to: ScholarshipChair.SNACDST@gmail.com

PLEASE NOTE: NO LATE OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED.