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BROWARD COUNTY PUBLIC SCHOOLS.



Delta Sigma Theta Sorority, Inc.
Broward County Alumnae Chapter
A Public Service Sorority

ATTACH
Yearbook
/Passport Photo
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(NO body shots)

Lolanda Mullens 2019 Scholarship Application

REQUIRED INFORMATION

The listed documents are required for application consideration. **Materials will NOT be returned and an incomplete application will NOT be considered.** Please see the **2019 Lolanda Mullens FACT SHEET** for more information.

- Completed application
- African-American Female between age 16 to 22
- Official Transcript (minimum 3.5 G.P.A.)
- STEM Major (Science, Technology, Engineering, Mathematics)
- Three Letters of Recommendation; one must be from a professor (Must be signed)
- Verification of Family Income (see fact sheet)
- Essay
- Wallet-sized school or passport photo
- Index card with typed name, address, email address and contact phone number on it

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Email Address: _____

Cellular Phone: () _____ Gender: Female Male

University Name: _____

Cumulative G.P.A. _____ Class Rank _____ of _____ Date of Birth _____

FAMILY INFORMATION

Parents/Spouse Name: _____ Occupation _____

Employer _____

Address (If different than above) _____

Parents/Spouse Name: _____ Occupation _____

Employer _____

Address (If different than above) _____

Number in family _____ Number of Siblings attending college _____

Number of children _____ Does your family rent? _____ Own? _____

School / Community Activities

List below school, community, and other activities:

ACTIVITY	OFFICE HELD / HONOR RECEIVED	DATES
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Work Experience

Employer	Position	Dates of Employment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Talent

Please list any special talent(s)

Essay: 750 words describing why you have chosen a career in STEM, occupational goals, personal goals, and other information such as financial need that may assist in the selection process.

The information I have given on this application is true; I have submitted all required documents.

Applicant's Signature _____ Date _____

Mail Completed Application with All Required Documents to:

Broward County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Attn: Scholarship Committee
P.O. BOX 9504
Ft. Lauderdale, FL 33310