



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

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(NO body shots)

## Cora Eaves Braynon 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 refer to the **Cora Eaves Braynon Scholarship FACT SHEET** for more information.

- Completed application
- Official Transcript (minimum 3.0 GPA)
- 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
- Interview date and location TBA

### 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 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 nursing, 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