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***Mary Carlisle Meadors Memorial Scholarship***

# Baton Rouge Sigma Alumnae Chapter – Delta Sigma Theta Sorority, Inc.

NAME:

# APPLICATION

Last First Middle

Address

City State Zip Telephone Number ( ) Social Security # (OPTIONAL)

High School (s) attended

Parent(s)/Legal guardian(s)

Current Cumulative grade point average (GPA) ACT Score\_

College/University Accepted? Yes No Intended Major

**Extracurricular School Activities**: (Use additional page, if necessary)

## Organization Office Held Years

1.

2.

3.

**Community Participation** (Use additional page, if necessary)

## Organization Position Length of Time

1.

2.

3.

**List Honors and Awards** (Use additional page, if necessary)

1. 3.

2. 4.

Write a one-page, typed essay on “**What a College Education Means to Me**”.

**I hereby declare that all of the above information is accurate. If deemed necessary, I am willing to submit additional information and/or appear for a personal interview**.

Applicant’s Signature Parent/Guardian’s Signature

Date

## All requested information must be received by the deadline. Incomplete applications will not be considered.

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**Checklist Reminder**: Completed application Enclosed the following:

Copy of transcript Copy of ACT score Essay Recent photo Letter of Recommendation

Both applicant and parent/guardian have signed application

*Revised 01/22*