



Galveston Alumnae Chapter Delta Sigma Theta Sorority, Inc.

JESSIE MCGUIRE DENT SCHOLARSHIP APPLICATION

First Name: Last name:

Date of Birth: Sex: M F Mailing Address:

Home Phone:

Name of Parent/Guardian:

High School Name and Address:

High School Counselor:

PLEASE LIST YOUR COMMUNITY SERVICE and VOLUNTEER ACTIVITIES (i.e. organization or location, dates involved, role):

PLEASE LIST YOUR SCHOOL-RELATED ACTIVITIES (clubs, sports, band/music, appointments,

etc.): PLEASE LIST ANY SPECIAL HONORS AND AWARDS:

Galveston Alumnae Chapter. P.O. Box 2310. Galveston, TX 77553
Galveston Alumnae Chapter Delta Sigma Theta Sorority, Inc.

PERSONAL STATEMENT AND QUESTIONS

1. Please tell us about yourself.

2. Which one of your community service or volunteer activities gives you the most satisfaction?
Why?

3. What do you see yourself doing in 5 years? In 10 years?

4. How has online learning challenged you to grow as a student? In what ways?

Student Signature: _____ Date: _____ Printed

Name: _____

Galveston Alumnae Chapter. P.O. Box 2310. Galveston, TX 77553