



DELTA LIFE DEVELOPMENT FOUNDATION, INC.
P.O. Box 12346 | Columbus, Georgia 31917-2346

SCHOLARSHIP APPLICATION FORM 2016-2017

FILL IN COMPLETELY AND RETURN VIA MAIL

(*SEE BACK COVER FOR ADDRESS*).

APPLICATION FOR SCHOLARSHIP

Please check here if attending vocational technical college:

Please check here if attending college/university:

Please check here if applying for a Teacher Education Scholarship:

Name _____
Last First Middle

Name of High School: _____

*SAT Score _____ *ACT Score _____ *High School Grade Point Average _____

Diploma Seal of Endorsement (check one): College Prep Technology/Career Technology Prep

Email: _____ Cell Phone: _____

Address _____
No & Street Apt.# City State Zip Code Area Code+Telephone Number

Date of Birth _____ Age _____ Female Male
Month Day Year

Parent (s) or Guardian _____
Name Address Relationship

List schools to which you have made applications (College or University)

Letter(s) of Acceptance Received

Name area(s) of interest (intended major/degree) you desire to pursue in a post-secondary institution.

List any sources of financial aid (grant, scholarship, work study, etc.) you have applied (or will apply) for and /or received to date.

***THIS ACADEMIC ACHIEVEMENT INFORMATION MUST BE INCLUDED ON YOUR HIGH SCHOOL TRANSCRIPT. OTHERWISE YOUR APPLICATION WILL BE DISQUALIFIED.**



DELTA LIFE DEVELOPMENT FOUNDATION, INC.

RESUME REQUIRED INFORMATION

COMPLETE THE FOLLOWING LIST OF ACTIVITIES FOR THE LAST FOUR YEARS.

Indicate LEADERSHIP POSITIONS and OFFICES held including the number of years in each activity.

I. HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES

II. HONORS

III. AWARDS

IV. COMMUNITY SERVICE.VOLUNTEER ACTIVITIES

V. CHURCH ACTIVITIES

**VI. ARE YOU A MEMBER OF ANY NATIONAL, STATE, AND/OR LOCAL TEEN ORGANIZATION(S)?
If so, name them and indicate any offices held?**

VII. HOBBIES AND TALENTS

VIII. WORK EXPERIENCE

**If you already have a typed resume with the “required information”
please feel free to attach it to this application.**

SCHOLARSHIP INFORMATION CHECKLIST

Please check your scholarship application packet verifying that all requirements have been met.

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | 1. Attached in a sealed envelope is an official copy of your high school transcript which includes your current GPA and SAT/ACT score. |
| _____ | _____ | 2. Attached is a Recommendation Form that must be from your Senior Counselor or Principal noting academic achievement, character, personality traits, and special talents. |
| _____ | _____ | 3. Attached are two Recommendation Forms completed by persons, other than relatives, who know you well. |
| _____ | _____ | 4. Attached is a copy of your Resume. |
| _____ | _____ | 5. The application has been signed by the senior counselor verifying your GPA and SAT/ACT score. |
| _____ | _____ | 6. Applicant has signed the application. |
| _____ | _____ | 7. All questions have been answered on the application form. and not applicable (n/a) has been written, if appropriate. |

ALL INFORMATION PROVIDED ON THIS SCHOLARSHIP APPLICATION SHALL BE HELD IN STRICT CONFIDENCE AND SHALL NOT BE RELEASED TO ANY PRIVATE OR PUBLIC SOURCE. PERMISSION IS GIVEN TO THE SCHOLARSHIP COMMITTEE TO VERIFY THE INFORMATION PRESENTED IN THIS APPLICATION.

Applicant's Signature

Signature of Senior Counselor

DO NOT WRITE BELOW THIS LINE

Action Taken Accepted () Denied () Canceled ()

Date _____

Comments _____

Date Requested _____ Date Received _____

FORWARD SCHOLARSHIP INFORMATION To:

DELTA LIFE DEVELOPMENT FOUNDATION, INC.
MATTIE P. HALL, CHAIRPERSON SCHOLARSHIP COMMITTEE
P.O. Box 12346
COLUMBUS, GA 31917-2346
FOR ADDITIONAL INFORMATION PLEASE CONTACT
MATTIE HALL (706) 718-6609 OR DLDF2005@GMAIL.COM