

**HUNTSVILLE ALUMNAE CHAPTER  
ACADEMIC TUITION SCHOLARSHIP  
COUNSELOR'S REPORT FORM**

Dear Counselor:

The student named below has applied for a scholarship from Delta Sigma Theta Sorority, Incorporated. Please complete the information below to assist in making this selection. All information provided will be treated in a strictly confidential manner. Please include a current and official transcript of the applicant's high school record.

**Please type or print clearly using black ink only.**

Name of Applicant: \_\_\_\_\_

High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

Applicant's rank in graduating class (if known): \_\_\_\_\_

Please indicate the following scores:

SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT Composite \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please enclose the completed Counselor's Report Form in a sealed envelope and initial over the seal. Provide the properly secured envelope and an official transcript to the student for submission.**