



Dallas Security Traders Association
Scholarship Application

Applicant Name: _____

Name of DSTA Member / Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Name of High School: _____

Address: _____

Telephone: _____ Guidance Counselor: _____

Class Rank / Percentile: _____ Class Size: _____ GPA: _____

Combined SAT Score: _____ Combined ACT Score: _____

If additional space is needed to answer the following questions, you may attach a separate sheet(s) of paper.

Scholastic Achievements (Honor Roll, etc.): _____

Athletics: _____

School Activities: _____

Extracurricular Activities: _____

Please free to submit additional material / supporting information