



Tyronda's Xclusive DIVAS Scholarship Application

Date _____ Applicant's Name _____

Name of High School

Graduation Date

Applicant

Home Phone

Cell Phone

Email Address

Address

City

State.

ZIP Code

Which college will you be attending

DOB

Gender

Church Affiliation

Ministry Involvement

Major/Grade Point Average

Award Ceremony Date

Freshman, Sophomore, Junior, Senior Fall 2023

First Day of College/Year

