

INDIVIDUAL OR DELTA SCHOLARSHIP REQUEST FORM

Use this form to request that The Delta Foundation make a scholarship award for charitable and educational purposes to an accredited educational institution and/or student or other organization. Requests may be made by individuals or chapters of Delta Sigma Theta Sorority, Inc. Please mail, fax or email completed form.

I. Requester's Information

Individual or Chapter name

Mailing Address

Email

Phone

Name of Individual if Chapter request

Mailing Address

Email

Phone

Chapter President's Name

Chapter President's Email

Chapter Treasurer's Name

Chapter Treasurer's Email

II. Scholarship Request

Requested scholarship amount

Requested fund that scholarship should be paid from (if known)

Name of Student

Student ID Number

Address

Phone

Name of Institution

Address

Phone

Primary contact person if known

Educational/Charitable Purpose of Scholarship:

