

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:

(Attach additional sheets if multiple recipients. Please also submit objective criteria and application used to select recipients. If the recipient is related to a Delta Officer, please indicate and state the relationship)

III. Certification

I acknowledge that this is a non-binding request and that The Delta Foundation’s Board of Directors makes all grant/scholarship decisions in its sole discretion, subject to approved donor restrictions and applicable law. I certify that if this grant/scholarship is distributed, it will not fulfill a pre-existing pledge to the recommended program, institution or student, and neither I, nor any other individual, will receive any goods, services or other private benefit from the organization. I understand that grant/scholarship requests from chapters of Delta Sigma Theta Sorority, Inc. and individual donors are given earnest consideration when the Foundation is looking to fund projects. Approved grants from The Delta Foundation are accompanied by a Grant Agreement with the grantee, which includes the requester’s name or reporting requirements. I have read and agree to abide by the Foundation’s policies and procedures as described in the Foundation’s *Charitable Engagement Manual*, available at <http://www.deltafoundation.net>.

x

Signature of Requester

FOR OFFICE USE ONLY

This grant has been:

Approved

Denied

Account name or number: _____

Additional notes:

Signature (Officer/Director)

Date