

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

Electronic Funds Transfer (EFT) Enrollment

PLEASE INCLUDE A CONFIRMATION OF ACCOUNT INFORMATION ON BANK LETTERHEAD OR A VOIDED CHECK.

The documentation submitted should contain the name on the account, routing number, account number and type. If submitting bank letterhead, the bank officer’s name and signature is also required. This information will be used to verify your account number. NOTE: Starter checks are not acceptable for EFT confirmations.

New EFT Enrollment Change to Current EFT Enrollment (e.g. account or bank changes) Cancel EFT Enrollment

PART I: BANK ACCOUNT HOLDER INFORMATION (PLEASE PRINT)

Business/Organization/Chapter Name on Account

Address of Account Holder

PART II: BANK INFORMATION

Bank Name

Bank Address

Bank Telephone Number

Routing Number (must be 9 digits) Account Number (include all zeros)

Type of Account (check one) Checking Account Savings Account

PART III: AUTHORIZING SIGNATURE

I confirm that my signature below indicates that I am authorized to request that EFT payments to be sent to the bank account indicated above.

PRINT NAME TITLE

SIGNATURE DATE SIGNED