

## 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/scholar ship 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 <a href="http://www.deltafoundation.net">http://www.deltafoundation.net</a>.

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	Signature of Requester							
			FOR OFFICE USE ONLY					
This grant has been:			Account name or nu	t name or number:				
	Approved			Additional notes:				
	Denied							
	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)								
С	ollege or University Name on Account							
Α	ddress of Account Holder							
P	ART II: BANK INFORMATION							
В	ank Name							
В	ank Address							
В	ank Telephone Number							
R	Routing Number (must be 9 digits) Account Number (include all zeros)							
Т	ype of Account (check one)	Checking Account	Savings Account	i.				
PART III: AUTHORIZING SIGNATURE confirm that my signature below indicates that I am authorized to request that EFT payments to be sent to the bank account indicated above.								
P	RINT NAME	TITLE						

1703 New Hampshire Ave., NW Washington, DC 2009-2501

**SIGNATURE** 

Phone:202.347.1337 Fax: 202.347.5091 cem@deltafoundation.net

**DATE SIGNED**