Who May Apply
Delta Sigma Theta Sorority, Inc., Farwest Region Collegiate Sorors

Award
Ten awards will be given out in the amounts of $500 each. Award will be issued directly to student at the beginning of Fall Semester 2014.

Rules and Eligibility Requirements
- Completed Application (must be signed)
- Proof of enrollment in an accredited college or university via an official transcript
- 3.0 GPA
- Letter demonstrating a financial need
- 750 word Essay (typed)
- Letter from Collegiate Advisor varying DST financial status

Essay - Goals
Prepare a typed 750-word essay in 12 point Times New Roman font. State what your interests are, what your major is, what you plan to do after you receive your degree and why you should receive this scholarship. Attach your essay to this application.

Deadline
The application should be postmarked no later than Monday, June 2, 2014. Please mail application and supporting documents to:
DeltaEd
Attn: Scholarship Committee
3315 E. Russell Rd, Ste. A4-270
Las Vegas, NV 89120-3477
2013-2014
Delta Sigma Theta Sorority, Inc.,
FWR Collegiate Scholarship
Sponsored by DeltaEd

Who May Apply
DELTA SIGMA THETA SORORITY, INC., FARWEST REGION COLLEGIATE SORORS
Please provide us with your account information:
Name: ___________________________ Membership #: ____________

PLEASE TYPE OR PRINT CLEARLY!
Name of Soror: _______________________________________________________________
Home Address:  ______________________________________________________________
City and State: _________________________Zip: _________ Phone: ___________________
College/University Currently Attending: _________________________________________
Cumulative GPA: _________________ on a 4.0 scale
Intended Field of Study _________________________________________________________
Expected Date of Graduation ___________________________
Sorority Chapter:  _______________________________________ Initiation Year: __________

Please list your sorority activities participated in and any offices held.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Years Participated</th>
<th>Office(s) Held</th>
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Certifications and Authorizations
All of the information provided on this form is true and complete to the best of my knowledge. I certify that I plan to enroll in an accredited post-secondary institution for the 2014-2015 academic year. If any of the information listed above fails to be true, I will forfeit this scholarship should it be awarded to me. I agree to abide by all of the terms of the scholarship award or forfeit the award should it be awarded to me.

Applicant’s signature__________________________________________________ Date _____________________

Advisor’s signature ___________________________________________________ Date _____________________