

**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

**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**

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**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.

Activity	Years Participated	Office(s) Held

**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 \_\_\_\_\_