



Delta Sigma Theta Sorority, Inc.
Dayton Alumnae Chapter
Scholarship Committee

Scholarship Donor Form

Name of Scholarship: _____

Donor: _____ Amount: _____

Address: _____ City: _____ State: _____

Email Address: _____ Telephone #: _____

Do you plan to give the scholarship this year only? Yes No

If the scholarship will be given annually, the funds must be received by March 7.

If you prefer that the recipient of the scholarship attend a specific college or university or major in a particular career field, please specify your preferences:

If none of the candidates meet your preferences, may the scholarship be awarded to a candidate based on the committee's selection? () Yes () No

**** Please Note: If the candidate who meets your preference qualifies for a scholarship of higher value, the candidate will be awarded the one with the highest value.**

Please state why you are giving the scholarship: (You may use more space if needed.)

Please email this form to scholarships.dstdaytonalumnae@gmail.com. Mail your check with an accompanying letter stating that the funds are to be used for a scholarship(s) at this year's Debutante Ball to:

Del-Sig Foundation
Attention: Dr. Frieda Bennett, Treasurer
P.O. Box 11
Dayton, OH 45401

If you have questions or need clarification, please feel free to contact:

Dr. Shanese L. Higgins
Scholarship Committee Chair
scholarships.dstdaytonalumnae@gmail.com