

Scholarship Committee

Atlanta Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

APPLICANT CERTIFICATION FORM

In submitting this scholarship application, I hereby certify that:

I fully understand that if I am awarded a scholarship, it is for the purpose of providing financial assistance to me as a college/university freshman. **Request for funds shall be made on or before October 1st or February 15th of my first year of full-time enrollment in college.** In the event that I do not enter a college or university by the first or second semester/quarter after high school graduation, I will forfeit my scholarship from the Atlanta Alumnae Chapter.

Moreover, if I receive other financial assistance that fully covers, ALL tuition, room and board, class material costs and fees after the Atlanta Alumnae Chapter has notified me of an award, I will notify the chapter of this scholarship and relinquish claim to the award granted by the Atlanta Alumnae Chapter. I further acknowledge that I have read,

and I understand the Eligibility Requirements and Statement of Limitations of the scholarship program sponsored by the Atlanta Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated.

Signature of Applicant

Date

Signature of Parent/Guardian

Date