

New Orleans Delta Foundation

Scholarship Guidelines 2018

1. Scholarships shall be awarded to students who are enrolled at Delgado Community College, Dillard University, Southern University at New Orleans, and Xavier University of New Orleans.
2. Scholarship recipients shall have completed at least 32 hours and achieved sophomore status prior to the current fall year, and have earned a cumulative minimum Grade Point Average of 2.7 on a 4.0 Point Scale.
3. The applicant must complete the scholarship application.
The application must be typed or printed clearly in blue or black ink.
Applications can be downloaded at the following website, www.nodf.org
4. The following completed documents shall be attached to the completed scholarship application.
 - Two (2) letters of recommendation (example: advisor, instructor, administrator, etc.)
 - Official transcript of coursework completed through Dec. 2017
 - An essay of at least 250 words stating need for financial assistance.

Application packets must be completed and postmarked as soon as possible, but no later than May 15, 2018.

Application packets postmarked after May 15, 2018 will not be considered

5. Scholarship recipients must agree to provide contact information for annual progress updates for a period of five years following the award.
6. Completed applications with all required attachments and enclosures should be mailed to:

Scholarship and Awards Committee
New Orleans Delta Foundation
P. O. Box 51086
New Orleans, LA 70151-1086
7. Upon completion of initial screening, selected applicants will be contacted for an interview.
8. Please note that business attire is required.

**New Orleans Delta Foundation
Scholarship Application
2018**

Name _____
Age _____ Sex _____ Classification _____ School _____ Major _____
Home Address _____
Summer Address (If different) _____
Home Phone (_____) _____ Cell Phone (_____) _____
Email Address _____
City _____ State _____ Zip _____

Employment Information

Are you currently employed? Yes _____ No _____
Place of employment _____ Position _____
Salary \$ _____ per _____
If employed provide a copy of a check stub issued within the last three months

Financial Information

Father's / Guardian's

Name _____
Address _____
Employer _____
Other Income \$ _____ Annual Income \$ _____

Mother's / Guardian's

Name _____
Address _____
Employer _____
Other Income \$ _____ Annual Income \$ _____

Total # of dependents in household _____

Total Annual Income \$ _____

Use an additional sheet to write an essay of at least 250 words citing your financial need.

I certify that the information provided is true and correct.

Signature _____ **Date** _____