

## **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](http://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.**

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**I certify that the information provided is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_