New Orleans Delta Foundation

Scholarship Guidelines
2016

1. Scholarships shall be awarded to students who are enrolled at Delgado College, Dillard University, Southern University at New Orleans, and Xavier University of New Orleans.

2. Scholarship recipients shall have completed at least 30 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 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. 2015
   - An essay of at least 250 words stating need for financial assistance.

Applications must be completed and postmarked as soon as possible, but not later than May 15, 2016.

Applications postmarked after May 15, 2016 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 a Face to face interview.

8. Please note that business attire is required.
New Orleans Delta Foundation
Scholarship Application
2016

Name ____________________________ Sex ______ Classification ____________ School ____________

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 ____________________________