Delta Sigma Theta Sorority, Incorporated Nashville Metropolitan Alumnae Chapter

2019-2020 Scholarship Nomination Form

	Adult	High School		
DEADLINE:	_ Must be postmarked no la	ater than <u>October 7th, 2019.</u>		
Candidate'	s Name			-
E-mail addı		Please Print or Type Legibly		_
Address				
	Street			
	City	State	Zip Code	
Telephone	Number(s)			
Expected G	Graduation Date			
Name of So	chool Attending(presently)			
<u>Nominator</u>	Information:			
Name				
Organizatio	on/School/etc.			
	Street			
	City	State	Zip Code	
Telephone	Number(s)			
Mail to:				
	Attention: Scholarship	Committee		

Direct questions to: Ruth Mitchell, Chairperson(615)838-3673 or CoChairs: Arreao Barlaw (615) 636-2871 or Jevetta Mitchell (615)481-5267.

P.O. Box 24915

Nashville, TN 37202-4915