



Delta State University Scholarship Application



Date submitted _____

Student's Name _____ DSU ID _____

Mailing Address _____ Phone _____

Race/Ethnicity _____

Email Address _____

Academic Classification Fr. So. Jr. Sr. Graduate

Major _____ Major GPA _____

Year you are applying for the scholarship? _____

What scholarship(s) are you applying for?: _____

Comments: _____

Please submit this application to Ms. Thomasa Jackson. Students may submit this application via email to tnjackson@deltastate.edu or bring a copy to Broom Hall Room 244. Once your application has been reviewed further instructions will be provided to you in reference to the scholarship you are applying for.

I CERTIFY that, to the best of my knowledge and beliefs, all of my statements related to this application are true, correct, complete, and made in good faith.

Student's Signature _____ Date _____