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DELTA SIGMA THETA SORORITY, INC.
A Public Service Sorority
Dayton Alumnae Chapter

Soror Ruth Richardson Memorial Scholarship

Deadline Date: February 5, 2018

A copy of your high school transcript must be sent by the school to the chairperson of the Scholarship Committee before this application will be considered.

TYPE OR PRINT IN INK (Blue or Black)

PART I – PERSONAL DATA

1. Name _____
Last First M.I.

2. Permanent Address _____
Street Number City State Zip Code

3. Birth Date _____ Phone # _____ Email address: _____

4. Father's Name _____
Last First Phone
Father's Address _____
Street Number City State Zip Code

5. Mother's Name _____
Last First Phone
Mother's Address _____
Street Number City State Zip Code

6. Name of Guardian (if applicable) _____

7. Guardian's Address _____

8. Guardian's Phone Number _____



Life, Accidental Death & Personal Loss, Disability, Aetna Managed Choice, and Aetna PPO plans are underwritten by Aetna Life Insurance Company. Aetna HMO and Aetna POS plans are underwritten by Aetna Health Inc. Dental plans are provided or administered by Aetna Life Insurance Company.

Company Name (Legal Name)		DBA/Doing Business As (if applicable)	
Street Address (PO Box not acceptable)		City	State ZIP
Billing Address (if different than above)		City	State ZIP
Phone Number () ()		Fax Number () ()	
Are there additional addresses/locations for this business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," provide details.</i>			
Company Contact - Name and Title		Company Contact E-mail Address	
Billing Contact Name (if different from Company Contact) <i>Go green - online statements available. Activate access to your e-business account at www.aetna.com/employersregister upon receipt of your approval letter.</i>		Billing Contact E-mail Address	
Billing Contact Name (if different from Company Contact)		Billing Contact E-mail Address	
Enrollment Contact Name (if different from Company Contact)		Enrollment Contact E-mail Address	
SIC Code	Nature of Business	Federal Tax ID Number	Date Business Established (Mo/Yr)
Employer Classification <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other			
Effective Date of Group Plan Actual effective date will be assigned by the Aetna Underwriting Department if the Application is approved.			
Requested effective date (may be the 1st or the 15th of the month only): _____			
Medical Coverage Selection - 1 to 100 Eligible Employees			
<input type="checkbox"/> WHDonly (HMO OA) - Plan Option _____			
<input type="checkbox"/> WHDonly (POS OA) - Plan Option _____			
<input type="checkbox"/> Value Pick - Plan Option _____			
<input type="checkbox"/> Revalue Plan (HMO OR) - Plan Option _____			
<input type="checkbox"/> Managed Choice Open Access - Plan Option _____			
<input type="checkbox"/> Other - Plan Option _____			
Dental Coverage Selection - 1 to 100 Eligible Employees			
<i>Aetna Default Plan - Managed Dental Options must be combined with any one of the PPO Plan Options in a Dual Option offering.</i>			
<input type="checkbox"/> Standard Plan: Option Number _____ Plan Name _____			
<input type="checkbox"/> Voluntary Plan: Option Number _____ Plan Name _____			
<i>Optional coverage is available only to groups with 10 or more eligible employees (5-enrolled employees).</i>			

Please keep a copy of this application for your records. If the application is accepted by Aetna it becomes part of the Inland Group Agreement and/or Group Policy.

USCG Uninspected Passenger Vessel safety Examination

REMOVE EXAM SHEETS before writing on this outer envelope

ADDITIONAL INFO SHEET for UPV Examinations: Decal issued Decal not issued (penalty cost)

Date of the Exam: _____ Date Entered into MISLE: _____ MISLE Activity No.: _____

ASSO-UPV Approval for entry into MISLE: _____ & Date: _____ MISLE entry Person: _____

VESSEL NAME: _____ DOC #/REG #: _____

Location of the Vessel: Marina _____ Sta # _____ Phase # of Marina: _____

Street: _____ City: _____ State: _____

Owner: name: _____ Phone: _____ E-mail: _____

Type of vessel: _____

1st Lead UPV Examiner: _____ Aux #: _____

Assisting UPV Examiner: _____ Aux #: _____

Examiner in training with Aux #: _____

ADR: _____ (Emerg. PDC)

EPFB DATE: _____ REC # _____ MIN #: _____

PRB: # of Adult: _____ # of Child: _____ Battery Date: _____

Flife raft: # of persons: _____ (if lifeboat) (lights), is always aboard, length: _____ ft.

Fire Extinguishers: # of B-1: _____ B-2: _____ (B-1 overh. bracket) Food system: YES NO

If Decal is issued, are items must be perfected before another decal is issued?

If the decal is not issued, what needs to be corrected? **(Be very specific)**

Turn over for Drug & Alcohol Check-off Sheet

Delta sigma theta applicant rating sheet.

Change the default date by deleting the default and inserting a desired date in the box. Like using G Suite for your work to sign a form? Select Done in the top right corner to save or send the template. Becoming a member of Delta Sigma Theta means joining an organization with over 350,000 initiated members. With a strong focus on Sisterhood, Scholarship, and Service we are committed to the highest ethical, intellectual, cultural and moral standards. Edit your file with our easy-to-use features, like signing, highlighting, and other tools in the top toolbar. By clicking "Accept" you agree to the use of cookies. Learn more 3) An initial / reserve or personalized format on any of the plates types listed in... Click OK to verify your added date and click the Download button when you finish editing. Ensures that a website is free of malware attacks. ACLU-KY Chapter of. Select File > Save save all editing. Applicant's Agreement and Parents/Guardians Acknowledgement Form (Collegiate Only) Delta is piloting a Legacy program in the Central, Eastern, South Atlantic, and Southwest regions for the Spring 2022 intake season for potential new members. A Legacy is defined as the daughter or granddaughter (biological or adopted), of an active or deceased Member who satisfies specific criteria. In the Drive, browse through a form to be filed and right click it and select Open With. Your parent or guardian must sign this form. Submit the form to your guidance counselor or whomever at your school is responsible for transcripts. Instruct your school to submit the official transcript using the link on the form. For convenience, the link to the form for transcript submission is - THIS LINK IS ONLY FOR RECOMMENDERS! Find the link to download the Release Form for Parents below: Any female student currently enrolled at a college or university where there is an active chapter on campus or in the city is eligible to apply for membership, provided that... Find and click the Edit PDF tool. Click the tool in the top toolbar to edit your Delta Sigma Theta Interview Point System on the specified place, like signing and adding text. The best editor is right at your fingertips giving you a wide range of useful tools for completing a Delta Sigma Theta Sorority Application for Certified Vendor License. To add date, click the Date icon, hold and drag the generated date to the field you need to fill in. You will enter into our PDF editor. Access the most extensive library of templates available. We welcome the support of parents and family for interested collegiate women. Get your Form filled in and signed from the comfort of your home. Enjoy smart fillable fields and interactivity. A complete application contains the following: Completed application with signed Declaration by parent and applicant. One-page typed double-spaced essay (750 words or less). Click "here" to read our Cookie Policy. Click the Fill & Sign tool and select the Sign icon in the top toolbar to make your own signature. Start now! Get form Experience a faster way to fill out and sign forms on the web. Fill in each fillable field. You can find 3 available choices; typing, drawing, or uploading one. Click the orange Get Form option to start enhancing. Becoming a member of Delta Sigma Theta means joining an organization with over 350,000 initiated members. With a strong focus on Sisterhood, Scholarship, and Service we are committed to the highest ethical, intellectual, cultural and moral standards. Follow the simple instructions below: The times of frightening complex legal and tax forms are over. Get FormDownload the form When you edit your document, you may need to add text, complete the date, and do other editing. Guarantees that a business meets BBB accreditation standards in the US and Canada. Adobe DC on Windows is a popular tool to edit your file on a PC. You will enter into our online PDF editor page. We hope that your specific question(s) will be answered; however, if you have further questions pertaining to membership, please visit the link on this site to the Region in which you reside, and email your questions to the leadership of that Region. Edit your form as needed by selecting the tool from the top toolbar. Instructions for transcript submission: Download and complete the release form. Once you enter into our editor, click the tool icon in the top toolbar to edit your form, like highlighting and erasing. You can do PDF editing in Google Drive with CocoDoc, so you can fill out your PDF to get job done in a minute. Learn more anticipate attending this event? Let's see the simple steps to go. We make completing any Delta Sigma Theta Sorority Application for Certified Vendor License much easier. There are various options for getting the doc. Find the intended file to be edited and Open it with the Adobe DC for Mac. Be an African-American female, high school senior planning to attend a two- or four-year college or university. Reside in Westchester County and graduate from high school by June 2022. Have a cumulative Grade Point Average of 83% or higher, 3.0 on a 4.0 scale, or 4.0 on a 5.0 scale. Have previously applied for Fall 2022 admission/enrollment in a two- or four-year college or university. A complete application and all supporting documents must be submitted to be considered for the scholarship. Choose the PDF Editor option to begin your filling process. Amount. Add CocoDoc for Google Drive add-on. All requested documents and letters must be received. RECOMMENDATION LETTERS One letter of recommendation is required from each of the following persons: Guidance Counselor (first letter) Teacher (second letter) Community Service Supervisor (third letter) Each letter of recommendation must be addressed to Delta Sigma Theta Sorority, Inc., Westchester Alumnae Chapter Scholarship Committee. Be on the official letterhead of the writer. State the applicant's name, relationship to the applicant, and length of time the recommender has known the applicant. Speak to the applicant's character, education, service, level of commitment, and any other pertinent information the committee should consider. Be uploaded as a PDF attachment. APPLICANT: Provide your recommender with the link to the recommendation form shown below and provide them with the submission requirements above. All recommendations must be received by MARCH 4, 2022. Link to recommendation form: bit.ly/DSTWAC-Recommend Please note: the link above is CASE SENSITIVE ->> Your application must have all three recommendation letters submitted to be considered complete.

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