



DELTA SIGMA THETA SORORITY – INDIANAPOLIS ALUMNAE CHAPTER
TUITION DISCOUNT APPLICATION

I, _____, hereby attest that I am a member of the
Student Name

Indianapolis Alumnae Chapter of the Delta Sigma Theta Sorority, Inc.

Last 4 digits of SSN: _____ IWU Student ID: _____

***Please attach a copy of your membership certificate or ID card.**

Which IWU graduate-level program does the applicant wish to have discounted?

Degree Program

I understand that falsification of this document can result in the loss of the above tuition discount with Indiana Wesleyan University.

Student signature

Date

Program Representative signature

Date

Indiana Wesleyan signature

Date

****Please note that only one discount may apply toward tuition at any time.**

***** The following are excluded from this discount: Health Sciences (except the MPH is included), Nurse Practitioner, Doctoral, Residential, and Graduate Counseling Programs**