



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**