

JOINT FUNDED SCHOLARSHIP PROGRAM FORM

Name: _____ Date: _____

Requested Amount to be Matched: \$_____ (Maximum of \$500)

Contact Person: _____ Leadership Position: _____

Cell Phone: _____ Email: _____

Please Note:

- Form must be submitted by June 30th of each year for the next fiscal year.
- Matched dollars are only provided for scholarship endowment earnings, not chapter or club operating monies.
- Scholarship recipient names and ID numbers submitted will be verified for (1) Enrollment in the next academic year; and (2) For Completed, Submitted and Approved online scholarship application.

OFFICE USE ONLY:

Chapter/Club is in good standing.	Initial: _____	Date: _____
Chapter/Club complies with Maintenance Requirements	Initial: _____	Date: _____
Chapter/Club monies in Scholarship Endowment Account: \$ _____	Initial: _____	Date: _____
Chapter/Club monies in Operating Account: \$ _____	Initial: _____	Date: _____