

## 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 30<sup>th</sup> 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.

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**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: _____