

# Chapter and Club Matching Scholarship Program Form

Chapter or Club Name: \_\_\_\_\_

**Instructions:**

1. This form must be submitted by *no later than* June 30<sup>th</sup> of each year, for the *next* fiscal year.
2. Matching funds are limited. Preference will be given to those chapters/clubs who submit their request first.
3. Matched dollars are *only* provided for scholarship *endowment* earnings, not on funds in the chapter/club operating account.
4. Signatures must be original signatures (may not be a digital or type-written signature).
5. The preparer may not be the approved signer.
6. The approved signer must be an "Authorized Signer" on the chapter/club account.
7. Note: Scholarship recipient names and student ID numbers will be verified for:
  - a. Enrollment in the next academic year.
  - b. For completed, submitted and approved online scholarship application.
8. Submit the completed form to Peter Robertson ([probertson@csufresno.edu](mailto:probertson@csufresno.edu)) via email (scanned document), or fax (see footer of this page for fax number).

Name of scholarship: \_\_\_\_\_

Amount you are requesting to be matched (maximum of \$500): \_\_\_\_\_ \$ \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ACCOUNT SIGNER AUTHORIZATION**

Prepared by (print name): \_\_\_\_\_ Date: \_\_\_\_\_

**Approved signer:** Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FSAA OFFICE STAFF USE ONLY**

Chapter/Club...

...is in good standing. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

...complies with maintenance requirements. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

...has monies in scholarship endowment account. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Operating account balance: \$ \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_