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: __________