

Academic Excellence Award Application

2009-2010 School Year



For Phi Kaps who earn a 4.0 GPA or the host institution's equivalent for an academic term.

Scholarships will be valued at \$250 per academic term. No individual is eligible for more than \$500 per academic year, despite host institution's academic terms (i.e. semesters vs. quarters)

Because of the educational nature of the scholarship, IRS regulations require that the recipient be enrolled in school for the semester or term following the award. Awarding shall be no later than the term following qualification for the award. You will receive notification in writing whether or not you have been approved for the award.

Instructions:

- Fill out the form below.
- Have the form signed by the chapter president.
- Enclose official university transcript.

Mail to: Phi Kappa Theta Foundation
Scholarship Coordinator
Academic Excellence Award
9640 N Augusta Drive, Suite 420
Carmel, IN 46032

NAME: _____ DATE: ____ / ____ / ____

MAILING ADDRESS: _____

CELL PHONE: (____) _____ - _____ EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____ / ____ / ____

UNIVERSITY: _____ MAJOR: _____

CUMULATIVE GPA _____ MONTH/YEAR OF GRADUATION: ____ / ____

PARENT(S)/GUARDIAN(S): _____

ADDRESS of PARENT(S): _____
Address City State ZIP Code

I certify the above information is true and I am a full time student in good standing academically, financially, and judicially with both the school and Phi Kappa Theta Fraternity. I further certify that I am a duly initiated Brother of Phi Kappa Theta Fraternity, and agree to comply with all the terms and conditions of this award.

Signature: _____ Date: ____ / ____ / ____

STATEMENT BY CHAPTER PRESIDENT

I certify that the above applicant is a duly initiated Brother in Phi Kappa Theta; that the applicant is a member in good standing with the chapter; and that the applicant is a full time student with the college/university.

Name (please print): _____ Chapter: _____

Signature: _____ Date: ____ / ____ / ____

APPLICANT CHECKLIST

_____ Enclosed Official University Transcript

_____ President's Signature

FOR OFFICE USE ONLY

Date Application Received: ____ / ____ / ____

Declined

Date Approved: ____ / ____ / ____

Decline Reason: _____

Consecutive Academic Award: YES NO

Date Response Sent: ____ / ____ / ____

Date Parent Letter Sent: ____ / ____ / ____

Donor for Thank You: _____

Received: ____ Copy of Thank You Note

____ Photo

____ Scholarship Acceptance Agreement

Completion Date: ____ / ____ / ____

Check #: _____

Check Date: ____ / ____ / ____

Date Check Sent: ____ / ____ / ____

Amount: \$ _____