

**Academic Excellence
Award Application**
2008-2009 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: ___/___

PARENTS/GUARDIANS: _____

PARENTS' ADDRESS: _____
Address City State Zip

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: ___/___/___

Approved: YES NO Date Approved: ___/___/___

Consecutive Academic Award: YES NO

Date Response Sent: ___/___/___ Date Parent Letter Sent: ___/___/___

Donor for Thank You: _____

Received: _____ Copy of Thank You Received
 _____ Photo Received
 _____ Scholarship Acceptance Agreement Received

Completion Date: ___/___/___ Press Release to University: ___/___/___

Check #: _____ Date: _____ Account #: _____

Date Check Sent: ___/___/___ Amount: \$ _____