

Excellence in Leadership Award Application

2008-2009 School Year



For Phi Kaps who serve as IFC President or campus-wide elected representative of the student body/student government (i.e. President, Vice-President, Treasurer and Secretary).

Because of the educational nature of the scholarship, the IRS regulations require that the recipient be enrolled in school for the semester or term following the qualification. 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 verification from Greek/Government Advisor stating position and term.

• Mail to:

Phi Kappa Theta Foundation
Scholarship Coordinator
Excellence in Leadership 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

DATES OF YOUR TERM AS IFC/GOVERNMENT OFFICER: ____/____/____ to ____/____/____

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 academically, financially and judicially 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 verification from Greek/Government Advisor

_____ 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: \$ _____