

Excellence in Leadership Award Application

2009-2010 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: ____ / ____

PARENT(S)/GUARDIAN(S): _____

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

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 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: ____ / ____ / ____

Declined

Date Approved: ____ / ____ / ____

Decline Reason: _____

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: \$ _____