Scholarship Application

……(Name of Fraternity)

Please fill out form and return to Fraternity's Treasurer.

Name: _____

Mailing Address: _____

Email Address: _____

SCHOLARSHIP APPLICATION		
Member's Name:		
Member contact information	Phone:	email address:
Reason for Request:		
Please list detailed foreseen expenses below:		
		$
		$
		$
		$
		$
Total Cost to Attend		
Less amount I am able to contribute toward costs		$
		$
Amount of Scholarship Requested		$
Applicant Comments:		
Signature of applicant: _____ **DATE:**		

Treasurer's Comments:		

APPROVED	**YES**	**NO**
AMOUNT APPROVED		