** Matching Grant for Local Scholarships**

*This program is funded by the Phi Sigma Kappa Foundation and*

*administered by the Grand Chapter of Phi Sigma Kappa.*

Complete this form and submit with documentation of the issued check(s). Valid documentation of the check(s) includes receipts, a copy of each issued check or photocopies of the cancelled scholarship checks. The scholarships must have been awarded during the current academic year. Scholarships are for current undergraduate members. Keep a copy of this report for the chapter records.

The applying group requests that each of the below recipients receive a grant equal to the amount already awarded him, except if the total local award exceeds $300. If the total local award exceeds $300, each recipient will receive a fraction of the $300 in the same ratio as the amount already awarded. **A minimum of $50 per scholarship awarded is required.** **Please note:** ***Funds are given on a first come, first serve basis.***

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Chapter/Colony: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Undergraduate \_\_\_ Alumni Club/Association

List the name, mailing address, award amount and the award date of each scholarship recipient you wish to match.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail the scholarship check to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Local Awards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Application must be postmarked no later than March 15.***

\_\_\_\_\_ I understand that the funds available for this purpose are limited to the first 15 chapters/colonies that apply and cannot be guaranteed. I assert the information contained in this application and all supporting documents is accurate and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Office Date

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**Instructions**

**Step 1:** Confirm that required fields have been filled with the correct information.

**Step 2:** Confirm that you’ve agreed to all terms by checking the line above.

**Step 3:** Attach documentation for the scholarships issued. This includes receipt/copies of checks.

**Step 4:** Chapter/Alumni Representative: Sign and date this form. Make a copy for chapter records. Mail the originals to the Phi Sigma Kappa International Headquarters.

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**Mail To**

Phi Sigma Kappa International Headquarters

Attn: Scholarship Coordinator

2925 East 96th Street

Indianapolis, IN 46240