

**TKE FOUNDATION  
CHAPTER SCHOLARSHIP AWARD AUTHORIZATION FORM  
2019 - 2020**

Scholarship Name: LAMBDA SIGMA/Ryan Chatel - \$400.00

Recipient's Name (Please Print): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ St/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Chapter of Initiation: \_\_\_\_\_  
College/University: \_\_\_\_\_  
Major Course of Study: \_\_\_\_\_  
Cumulative GPA: \_\_\_\_\_  
Expected Date of Graduation: \_\_\_\_\_

**TKE INVOLVEMENT:**

Year	Officer/Chairman Position
_____	_____
_____	_____
_____	_____

**CAMPUS INVOLVEMENT:**

Year	Organization and Any Position Held
_____	_____
_____	_____
_____	_____

**HONOR SOCIETIES:**

Year	Organization	Position or Honor
_____	_____	_____
_____	_____	_____
_____	_____	_____

The chapter's alumni official on record with the TKE Foundation (scholarship chairman, advisor, or Board of Advisors Chairman) must sign this form to authorize the scholarship award.

Authorizing Alumni Official (Print Name): \_\_\_\_\_  
Position With Chapter: \_\_\_\_\_  
Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If certificates are required in advance of the scholarship award, please allow 14 days for processing.*

If any award presentation is planned, list person to whom award materials should be sent:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

**Return this form by email to TKE Foundation (foundation@tke.org) by May 15, 2020.**

*This form must be completed and signed by the scholarship recipient prior to any award funds being released.*

**Statement of Eligibility and Acceptance**

By my certification below, I acknowledge that I will receive a scholarship award from the TKE Foundation. I have elected to receive these funds directly, rather than have the scholarship award proceeds deposited to my student account at my educational institution. I affirm that I am eligible to receive this award based upon the criteria required by the scholarship. The funds received will be used for educational purposes and, as such, will not be reported as taxable income to the IRS by the Foundation. I agree to return the full amount of the award if it is determined that it has not been used in compliance with the scholarship criteria, if I become ineligible due to change in grade point average or should I withdraw from school before completing the current academic term. I also agree that the TKE Foundation and Tau Kappa Epsilon Fraternity may publicize such selection to promote scholarship excellence in any manner deemed appropriate through internal and external means.

**Scholarship Name:** LAMBDA SIGMA/RYAN CHATEL

**Amount of Award:** \$400.00

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**TKE Chapter:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Current Address (as of May 15, 2020):** \_\_\_\_\_ School \_\_\_\_\_ Home

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In case we need to contact you, please provide the following:

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Return this form by email to TKE Foundation at [foundation@tke.org](mailto:foundation@tke.org).**