TKE FOUNDATION
CHAPTER SCHOLARSHIP AWARD AUTHORIZATION FORM
2019 - 2020

Scholarship Name: LAMBDA SIGMA/WHITE-LESSARD PRESIDENTS MEM SCHOL - $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.

SCHOLARSHIP AWARD

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/WHITE-LESSARD PRESIDENTS MEM SCHOL
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.