

GRANT REQUEST INSTRUCTIONS

- Step 1: Indicate the type of grant request. Check the box specifying the approved forms of grants and scholarships. For a construction or major renovation grant, please contact the Foundation office and request the publication entitled "Grant Procedures for Chapter Housing Projects."
- Step 2: Indicate the grant request amount in dollars.
- Step 3: Check whether this is a one-time request or an annual request.
- Step 4: Fill in the full legal name of the requesting entity.
- Step 5: Indicate the primary contact on behalf of the requesting entity as well as their address and telephone number.
- Step 6: Program description. Depending on the type of request, indicate what the request is actually being made for in terms of what materials, equipment or expenses are being requested.
- Step 7: Educational Impact. Describe in a few short sentences how this grant request will have an educational impact on the individuals involved as well as the collateral benefit to other members of the chapter.
- Step 8: Budget. Provide a line item budget on how the grant will be disbursed. If this is a grant that will be disbursed several times during the year, indicate the dates when the grant disbursements will be needed.
- Step 9: Evaluation. Describe how the requesting entity will evaluate if the program is a success. An evaluation should include as much as possible: measurable outcomes as well as a final report to the requesting entity from the recipient stating the success of the program. Such evaluation shall be necessary to renew a grant.

This application process has been developed as a part of the Foundation's stewardship responsibilities. The Foundation considers the relationship with donors to be of paramount importance and is excited about being able to offer the 21st Century Fund Program.

Delta Sigma Phi Foundation Grant Request Form

Grant Request Type:

Grant Request Amount \$ _____

- Computers & Software
 - Study desks
 - Study chairs
 - Books & Libraries
 - Scholarship _____
(Name of scholarship)
 - Scholarship files
 - National Convention
 - Other
- One-time Request
 Annual Request
(Check all that apply)

Full legal name of requesting entity and address
where check should be sent

Primary contact on behalf of requesting entity

Name

Name

Address

Address

City

State

Zip Code

City

State

Zip Code

Telephone

Telephone

Program Description (use additional pages if necessary):

Educational Impact: (use additional pages if necessary):

Budget:

Evaluation:

I understand that any grant expended but not used for the prescribed purposes shall be returned to the Foundation.

I hereby apply for a grant from the _____ Chapter 21st Century Fund. Verification of any element of this request may be obtained from any source. The grantor may retain the original of this request, even if the request is not approved. The grantor may disclose any information concerning this grant with anyone it believes to have an interest in this request unless otherwise instructed by me.

Signature of Applicant

Title Date

Note: This grant application does not constitute a grant. Grant commitments are made only after review by a local advisory board and Foundation staff. If necessary, legal counsel may be sought at the grantee's expense to ensure compliance with IRS regulations.

Best time and telephone number to call if we need to contact you.

Time [] a.m. Telephone _____
[] p.m. Telephone _____

For Foundation Office Use Only:

Date of Receipt _____

Date of Approval _____

Signature
Foundation Officer

Title

Date

Delta Sigma Phi Foundation Scholarship Application

Please submit application to: Delta Sigma Phi Foundation, 1331 North Delaware Street, Indianapolis, IN 46202
FAX 317.634.1410

Name: _____

Home Address: _____

School Address: _____

Telephone Number: _____ **Cell:** _____

Email Address: _____

Date of Birth: _____

University/College _____ **Chapter** _____

Status: Fr____ So____ Jr____ Sr____ 5th yr Sr____

Chapter leadership positions:

Campus/Community Involvement:

Employment (provide dates/location/income/reason for termination)

Financial Needs Section:

A) Expected Annual Income

Savings _____
Summer Earnings _____
Academic Year Earnings _____
Other Sources:
 Parents _____
 Loans _____
 Scholarships _____
Total _____

B) Expenses

Tuition, Fees, Books _____
Rent Expense _____
Food _____
Dues _____
Other Expenses _____
Total _____

Total (A minus B) _____

Amount of Scholarship requested: _____

Degree to be pursued: _____

_____ **GPA on a _____ point system (Transcript Required with Application)**

Attach a brief statement describing why you should be considered for a scholarship

Three References (each person should write a letter of recommendation:

Chapter Advisor or ACB President:

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Dean or Instructor:

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Other:

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Signature: _____ (applicant) **Date:** _____