



Acacia Fraternity Foundation Scholarship Application

8777 Purdue Road, Suite 225, Indianapolis, Indiana 46268

(317) 872-8210

Name _____ Birth Date _____

Address at College _____ Phone _____

City _____ State _____ Zip _____

College Attending _____ SS # _____

Cum. GPA _____ Major _____ Year: (Fresh., Soph., Jr., Sr.) _____ Expected Grad. Date _____

Previous college/degree/dates: _____

Home Address _____ Phone _____

Name of Parents (Guardians), occupation(s), and address (if different from above) _____

REFERENCES (Do not list peers as references):

Name, address and day phone number of faculty or staff member at the college you are attending:

Name _____ Daytime Phone _____

Address _____

Name, address and day phone of another person not connected with the college you are attending:

Name _____ Daytime Phone _____

Address _____

List honors you have received and honor societies to which you have been elected: _____

List departmental clubs, professional societies, Student Government or other organizations in which you hold member-

ship (i.e., offices held, committee chairmanships, etc.) _____

List chapter responsibilities (offices held, committee chairmanships, other significant responsibilities): _____

List community service activities: _____

FINANCIAL INFORMATION:

Income from Employment:

School Year \$ _____

Summer \$ _____

Income from Savings \$ _____

Income from Others \$ _____

Loans \$ _____

Other Scholarships \$ _____

Miscellaneous \$ _____

Total Income \$ _____

Educational Expenses:

Tuition and Fees \$ _____

Books \$ _____

Room and Board \$ _____

Other Chapter Fees \$ _____

Transportation \$ _____

Miscellaneous (List): \$ _____

\$ _____

Total Expenses \$ _____

Less Total Income \$ _____

Difference \$ _____

Will this scholarship reduce other scholarships or grants? _____ (Yes/No)

Please attach to this application a transcript of all college-level work completed to date.

I certify the above applicant is a member in good standing of the Acacia Fraternity.

Signature of the Chapter Advisor

Date

I hereby certify that I will be enrolled at the college or university named above for the period of the scholarship award and, to the best of my knowledge and belief, the above information and that attached hereto as a part of this application is true, complete and correct.

Signature of Applicant

Date

Applications should be sent to the Foundation's Indianapolis office
at the address above and postmarked no later than July 1.