



## STATEMENT OF ELIGIBILITY

### ENDOWMENT FUND AWARDS AND SCHOLARSHIPS

By my signature below, I gratefully acknowledge that I will soon receive a scholarship from the Alpha Sigma Phi Foundation. I have elected to receive a deposit to my bank account directly from the Foundation rather than have the scholarship deposited to my educational institution's student account.

I certify that I am a member in good standing with both my chapter and the Fraternity. Based on all criteria for the award, I am eligible to receive this scholarship. The money will be used for educational expenses and is not required to be reported as taxable income.

By affixing my signature below, I agree to return the scholarship for any of the following reasons: if it is determined that it has not been used in compliance with scholarship criteria, if my grades are changed so that I am no longer eligible, if I do not maintain good standing with my chapter or the Fraternity for the academic year, or if I withdraw from school before completing a further academic term.

Please indicate your Bank institution name, routing number, and account number.

Bank Institution Name: \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Sign and return this form to Alpha Sigma Phi Headquarters at 710 Adams Street, Carmel, IN 46032.  
You may also email to [tbtm@alphasig.org](mailto:tbtm@alphasig.org).



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