For the benefit of a member or pledge of Gamma Gamma chapter of Sigma Kappa sorority at Indiana State University who has financial need and who has demonstrated outstanding involvement within the sorority.

Selection is based upon the following criteria:

* Financial need;
* Short essay defining the member’s/pledge’s “outstanding involvement within the sorority” as required to qualify for this award

DEADLINE: April 9, 2021



*Please complete the application in full and return it to the address listed on the bottom of this page.*

*If any questions, please contact the Community Foundation at 812.232.2234.*

**Applicant Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month - Day - Year

High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodial Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Upon selection committee request, the aforementioned income is subject to verification using the most recently completed tax return of the custodial household.*

**Certification**

I/we certify by my signature that the information provided within this application is true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

 *(pertaining to custodial household income)*

**Essay**

*Using only the space provided below, please provide a narrative defining your “outstanding involvement within the sorority”.*

**Due April 9, 2021**

Please return completed form to:

Wabash Valley Community Foundation

200 South 8th Street

Terre Haute, IN 47807