



## Statement of Eligibility

By my signature below, I gratefully acknowledge that I will receive a scholarship from the Phi Kappa Psi Foundation. I have elected to receive a check directly from the Foundation, rather than have the scholarship deposited to my student account at my educational institution.

I certify that, based on all criteria required for the award, I am eligible to receive this scholarship. The money will be used for educational expenses and, thus, is not required to be reported as taxable income.

I agree to return the full amount of the scholarship if it is determined that it has not been used in compliance with the scholarship criteria, or if my enrollment status or grades are changed so that I am no longer eligible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

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

\_\_\_\_\_  
Chapter

\_\_\_\_\_  
Address

\_\_\_\_\_  
School

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone (Cell)

**Sign and return this form by mail to the Phi Kappa Psi Foundation, 5395 Emerson Way, Indianapolis, IN 46226. This form may be faxed to 317.275.3401 or emailed to [scholarships@pkpfoundation.org](mailto:scholarships@pkpfoundation.org). Please note that the original must be sent to the Foundation offices before a scholarship award will be disbursed.**