

SIGMA TAU GAMMA FOUNDATION, INC.
Chapter Heritage Funds
GRANT APPLICATION

The Sigma Tau Gamma Foundation, Inc. offers its members (undergraduate and alumni) the opportunity to make charitable gifts restricted to use for a specific chapter through the Chapter Heritage Funds program. Money in restricted chapter heritage funds may be used for educational programs, including scholarships and leadership education grants. Leadership education grants may support participation Sigma Tau Gamma sponsored programs such as regional conclaves and the Strategic Leadership Conference, or in recognized interfraternal leadership training meetings and courses. Programs approved for support include the regional interfraternity conferences (AFVL, NGLA, & SEIFC) and comprehensive Greek leadership courses (UIFI, LeaderShape, & Futures Quest). Consideration may be given to grant requests for alternative programs. If you are seeking a grant to enroll in a program that is not pre-approved, please submit supportive documentation that informs the Grant Committee about the program sponsor, objectives, curriculum, and faculty.

Grants are made from chapter heritage funds. They may not cumulatively exceed the fund balance. Grant amounts are for reimbursement of registration fees and lodging only. Generally grants will not exceed one half the cost of participation in an approved program. Applications must received no later than 2 weeks following an approved program. No member should assume that his application will be approved or funded. Decisions of the Grant Committee are final. Submit Applications to Sigma Tau Gamma Foundation, Inc., P. O. Box 373, Warrensburg, MO 64093-0373 or by EMAIL to leann@sigmataugamma.org.

PLEASE PRINT

Applicant

PLEASE PRINT

Name: _____ Date: _____

Chapter: _____ School: _____

Address: _____ Phone: _____ CIRCLE H M W

City/ST/Zip: _____ Email: _____

Program

Name: _____ Sponsor: _____

Location: _____ Dates: _____

Description: _____

Attach documentation if other than ΣΤΓ Program, AFLV, NGLA, SEIFC, UIFI, LeaderShape, or Futures Quest

Program Registration Fee: _____ Amount of Grant Request: _____

Sources of matching funds: _____

Reimbursement check made payable to: _____

Mailing address for which check is to be mailed: _____

*Please leave blank if address is same as above.

Applicant

I hereby certify that I have been accepted for enrollment into the program above described and that I will use the full amount of any grant I receive from the Sigma Tau Gamma Foundation solely for my direct out-of-pocket expenses of participation in that program. If for any reason I am unable to participate in the program, or if I am removed from the program for disciplinary reasons, I will return the full amount of my grant to the Foundation.

Signature: _____

Date: _____

University Greek Affairs Official

I confirm that this applicant is a student in good standing at my educational institution and that he has been accepted for enrollment into the program above described.

Signature: _____

Date: _____

Approved by _____

Amount \$ _____ Date: _____