

Acacia Fraternity Foundation Scholarship Application



12721 Meeting House Road • Carmel, Indiana 46032 • (317) 872-8210 • acacianat@acacia.org

General Information:

Name: _____ Birth Date: _____

Email address (for contact concerning this application) _____

College Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

College / University attending: _____ University ID # _____

Cum. GPA (using 4.0 scale): _____ Major(s): _____

Current Year: (Freshman, Sophomore, Junior, Senior) _____ Expected Graduation date: _____

Previous college/degrees/dates: _____

Home Address: _____ Phone: _____

Name of Parents (Guardians) and address if different than above home address: _____

Honors and Organization Membership:

List honors and awards 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 membership (i.e., offices held, committee chairmanships, etc.)

Human Service - Community:

List participation in community service activities and projects; include frequency (one time, weekly, twice monthly, etc.) and your role. Do not include Chapter sponsored activities in this list:

Essay Requirement:

Attach to this application a brief written description (one page or less), including but not limited to the following: any chapter responsibilities and how your leadership contributed to the life of the chapter; any additional participation in chapter sponsored service activities and projects and your role in that activity; describe one role you can fulfill or project you can participate in to strengthen your Chapter in the coming year.

Financial Information:

Income from Employment:

Educational Expenses:

School Year Job / Work Study: \$ _____

Tuition and Fees: \$ _____

Summer Employment: \$ _____

Books: \$ _____

Income from Other Loans / Scholarships \$ _____

Room and Board: \$ _____

Miscellaneous income: \$ _____

Other Chapter Fees: \$ _____

Loans: \$ _____

Transportation: \$ _____

Total Income \$ _____

Miscellaneous (List): \$ _____

Total Expenses: \$ _____

Total Income Minus Expenses \$ _____

Will the cost of attendance at your school or university for the coming year exceed your expected family contribution, as defined on the FAFSA form? Yes or No _____

Will the awarding of this scholarship reduce any other scholarships or grants you receive? Yes or No _____

Transcript: Please submit with this application a transcript of all college level work completed to date.

University Bursars address _____

I certify that the applicant is a member in good standing of the Acacia Fraternity:

Signature of Chapter Advisor: _____ Date: _____

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

Signature of applicant: _____ Date: _____

Applications must be postmarked or emailed no later than June 14, 2024.

Applications and supporting documents can be mailed to Acacia Fraternity Foundation 12721 Meeting House Road Carmel, IN 46032, Attn: Executive Director Darold Larson. Direct email submissions to: acacianat@acacia.org