



Pi Kappa Alpha Foundation

Educating and empowering principled leaders

SCHOLARSHIP APPLICATION

ROBERT D. LYNN MEMORIAL SCHOLARSHIP

Funded by: Family & Friends of Robert D. Lynn (Presbyterian, Mu '65)

Application deadline: APRIL 30th

This scholarship is funded by family and friends of the late Robert D. Lynn Jr. It is administered by the Pi Kappa Alpha Foundation, a tax-exempt, charitable and philanthropic organization whose mission is to support education, leadership training and personal development efforts of Pi Kappa Alpha Fraternity and its members. **Please contact Ginny Stalker at (901) 748-1948 x.1141 or gstalker@pikes.org if there are any questions regarding this award.**

The nominee must complete this application and forward it, along with all supporting documents to:

**Pi Kappa Alpha Foundation
Scholarship and Grant Administrator
8347 West Range Cove
Memphis, TN 38125
(901) 748-1948 or gstalker@pikes.org**

Criteria

1. Applicants must be full-time students in good standing with the university/college and the chapter and must have demonstrated exemplary leadership skills and academic performance according to the specific criteria of the scholarship.
2. An official transcript must accompany the application.
3. All components of this application must be submitted to the appropriate parties by the deadline. Applications must include appropriate signatures.
4. Applicants must demonstrate outstanding interfraternal leadership on campus & within the chapter.
5. **Must serve as a member of an Interfraternity Council during the current academic year.**

**Pi Kappa Alpha Foundation
Scholarship Application**

Pi Kappa Alpha Foundation • 8347 West Range Cove • Memphis, TN 38125
scholarships@pikes.org • Fax: 901.748.3100
Phone: 901.748.1948

All applications must be typed or printed legibly.

Type of scholarship applying for: Undergraduate Graduate Continuing Education

Scholarship Name: _____			
Name:			Birth Date:
	<i>Last</i>	<i>First</i>	<i>Middle</i>
			<i>Suffix</i>
Chapter:			Initiation Date:
Number of Members in Collegiate Chapter:			Anticipated Graduation Date:
2018-2019 Classification	<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Continuing Education		Name of High School:
			Location of High School:
Campus Address:			
	<i>Street</i>	<i>City/State/ Zip Code</i>	
Home Address:			
	<i>Street</i>	<i>City/State/Zip Code</i>	
Address for contact at time of submittance:	<input type="checkbox"/> Campus	<input type="checkbox"/> Home	
Telephone Numbers (with area code):			
	<i>Home</i>	<i>Cell</i>	
E-mail Address:			

Undergraduate Academic Data (This section must be completed by all applicants):			
Major(s):			Minor(s):
Cumulative GPA:			Based on a maximum GPA of:
Undergraduate Institutions – List all attended below:			
University/College	Dates Attended	Major	Degree (if completed)

Graduate Academic Data (To be completed <u>ONLY</u> by Graduate and Continuing Education Applicants):			
Graduate Cumulative GPA:			Based on a maximum GPA of:
Graduate Degree(s) Attained:			Graduate Degree Sought:
Graduate Institution(s) attending or admitted to:			
University/College	Date Accepted/Enrolled	Field of Study	

Check all that apply:
<input type="checkbox"/> Will hold a chapter office during the _____ academic year
<input type="checkbox"/> Former or current International Officer or Chapter Advisor, List: _____
<input type="checkbox"/> Foundation scholarship recipient, List: _____
<input type="checkbox"/> Attended PIKE University event(s): List _____
<input type="checkbox"/> Previously applied for a Foundation scholarship. If yes, list year(s) applied: _____

Check all offices held AND LIST DATES (offices in bold are on the Executive Board):

<input type="checkbox"/>	President	<input type="checkbox"/>	Sergeant at Arms
<input type="checkbox"/>	Internal Vice President	<input type="checkbox"/>	Historian
<input type="checkbox"/>	External Vice President	<input type="checkbox"/>	Continuing Education Chairman
<input type="checkbox"/>	Recruitment Chairman	<input type="checkbox"/>	Athletics Chairman
<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Philanthropy Chairman
<input type="checkbox"/>	Secretary	<input type="checkbox"/>	Property Manager/House Chairman
<input type="checkbox"/>	New Member Educator	<input type="checkbox"/>	Public Relations Chairman
<input type="checkbox"/>	IFC Delegate	<input type="checkbox"/>	Scholarship Chairman
<input type="checkbox"/>	Alumni Relations Chairman	<input type="checkbox"/>	Campus Involvement Chairman
<input type="checkbox"/>	Chaplain	<input type="checkbox"/>	Recruitment Information Manager
<input type="checkbox"/>	New Member Education Committee	<input type="checkbox"/>	Special Event Chairman
<input type="checkbox"/>	Assistant Treasurer	<input type="checkbox"/>	Other (list title):
<input type="checkbox"/>	Recruitment Captain	<input type="checkbox"/>	Other (list title):
<input type="checkbox"/>	Community Service Chairman	<input type="checkbox"/>	Other (list title):

List any Pi Kappa Alpha Honors/Awards:

List any Pi Kappa Alpha Alumni Association Offices held:

Answer the following on a separate sheet in this order (do not submit a resume):

1. List Campus/Community Involvement and Leadership Positions (include dates for all; do not include high school activities)

- Please list participation and offices held in campus or community organizations other than PIKE; internships; research experience; and volunteer activities.

2. List Achievements and Recognition

- Please include awards, honors, publications, commendations, fellowships, and scholarships outside of the Fraternity.

Financial Information (not required):

- Some scholarships require the recipient to demonstrate financial need. Do you believe that you fit this criterion? Yes No
- If yes, please attach a brief statement (100 words or less) explaining - other than past loans - a major change in your personal or family finances or an unforeseen/unpredictable circumstance related to financial resources which has created your current need for assistance.

Character References:

Provide a name, title, email address and phone number of at least two (2) individuals that may attest to your outstanding character.

1.

2.

I certify that the information provided in this scholarship application is accurate to the best of my knowledge.

Signature (Must be Hand-Signed)

Date