



GRANT REQUEST FORM
202_

EDUCATIONAL PROGRAM (CHECK ONE):

- _____ VREDENBURGH PRESIDENTS ACADEMY (VPA)
_____ RISING STARS ACADEMY (RSA)
_____ NEWELL OFFICER ACADEMY (NOA)
_____ ANNIVERSARY CONVENTION
_____ OFFICIAL DELEGATE (registration fee, basic room charge, and travel allowances were provided by the Fraternity)

NAME OF ALUMNI ASSOCIATION: _____

ALUMNUS CONTACT INFORMATION:

NAME: _____

POSITION: _____

ADDRESS: _____

PHONE NUMBER: _____

ALUMNI GRANT REQUEST STATEMENT:

By my signature below, I hereby certify that I am acting on behalf of the above-named Alumni Association to request a grant from our Chapter Education Account to reimburse the below listed member for expenses incurred to attend the educational program listed above.

Alumnus Signature

Date

MEMBER CONTACT INFORMATION:

NAME: _____

CHAPTER: _____ ROLL NUMBER: _____

EMAIL: _____

MAKE GRANT CHECK PAYABLE TO: _____

SEND CHECK TO: _____
Street Address *City* *State, Zip Code*

COSTS INCURRED: Complete the expense report provided below by listing the total costs incurred by you for which you can attach receipts:

EXPENSES:

Travel Costs: \$ _____
(Airfare or driving mileage @ \$0.20/mi)

Meals: \$ _____

Travel Allowance Received: \$ _____ (to be completed by HQ)

Registration Fee: \$ _____ (to be completed by HQ)
(No receipt required)

ADDITIONAL EXPENSES (LIST SEPARATELY):

Additional Meals: \$ _____

Parking: \$ _____

Hotel: \$ _____

Transportation: \$ _____

Other: \$ _____

Other: \$ _____

TOTAL EXPENSES \$ _____

Attach all receipts to this grant request, including full travel costs. Headquarters will subtract any travel allowance or lodging credit issued by the Fraternity.

STUDENT GRANT REQUEST STATEMENT:

By my signature below, I certify that I attended the entirety of the educational program checked above and that the costs I listed to attend the program are accurate and complete.

Student Signature _____ *Date*

RETURN/EMAIL THIS COMPLETED FORM AND RECEIPTS TO:

Theta Xi Foundation
P.O. Box 411393 **OR** **TXFN@ThetaXi.Org**
St. Louis, MO 63141

Upon receipt of this form and receipts, a calculation will be made of the percentage of expenses incurred that are eligible for reimbursement from your Chapter Education Account. Once approved by the Theta Xi Foundation Grant Committee, a check will be sent to you at the address listed above.

QUESTIONS?
Call the Theta Xi Foundation at 314-993-6294 ext. 109 or email us at **TXFN@ThetaXi.Org**