

Theta Xi Foundation

2016 Newell District Leadership Academy Grant Request

(Please complete within 30 days of the Academy)

Alumni Association/House Corporation Information:

Association/Corporation Name: _____

Chapter Affiliation: _____

Alumnus authorized by association/corporation to request this grant:

Name: _____

Address: _____

Phone: (_____) _____ - _____

Grant Request:

Our alumni association/corporation requests the release of funds from our Chapter Education Account necessary to support the travel of the _____ Chapter delegates to attend the 2015 Newell District Leadership Academy.

These expenses are listed below:

Travel expenses (gas, airfare, taxi, etc)*	\$ _____
Lodging expenses*	\$ _____
Meal expenses*	\$ _____
Miscellaneous expenses (parking fees, etc.)*	\$ _____
TOTAL EXPENSES	\$ _____

*** Receipts must be attached to document all expenses incurred.**

Grant Determination Formula (to be completed at Headquarters):

Total Expenses (from above)	\$ _____
Minus Travel Allowance provide	(\$ _____)
SUB-Total	\$ _____
Educational Proportion of Program Calculation (Per IRS Guidelines defining qualified educational expenses)	x (90%)
GRANT AMOUNT TO BE PROVIDED	\$ _____

In making this request, our association/corporation authorizes the Theta Xi Foundation to make this grant payment from available funds in our Chapter Education Account directly to our chapter or other party as appropriate.

Signature: _____ Date: _____

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Indicate to whom grant check(s) should be made payable to and to what address they should be mailed. **Checks made payable to a chapter will not be mailed to a chapter address.** Please list the preferred mailing address of the chapter advisor, an alumni officer, or campus Greek Advisor who will receive the check and see it gets delivered to the chapter.

Grant check made payable to: _____ Amount \$ _____

Mailing address (not a chapter house): c/o _____

Preferred mailing address: _____

Grant check #2 made payable to: _____ Amount \$ _____

Mailing address (not a chapter house): c/o _____

Preferred mailing address: _____

Return to:

Theta Xi Foundation, P.O. Box 411393, St. Louis, MO 63141

or email: txfn@thetaxi.org

Questions: Call 314-993-6294, ext 109