

KAPPA DELTA RHO FOUNDATION

P.O. Box 699 | GREENSBURG, PA 15601 | 1-800-536-5371 EXT. 15 | 770-903-3988 (FAX)

FUTURES QUEST SCHOLARSHIP APPLICATION

The Kappa Delta Rho Foundation is proud to support Futures Quest, which is put on by the North-American Interfraternity Conference (for more information about Futures Quest, visit www.nicindy.org). Members who have joined the chapter in the last year, and who are in good standing with the local chapter and the National Fraternity, are encouraged to apply for a Futures Quest scholarship. Scholarship amounts vary up to the cost of registration. Applicants must fully complete the application, write an essay, and sign an Expectation Agreement. Additionally, applicants must disclose any other funding sources. If a scholarship recipient fails to attend or complete Futures Quest, the individual is responsible for the cost incurred. If you have any questions, please call 1-800-536-KDR1, x15, or email foundation@kdr.com. Applications are due by November 1.

First Name: _____ Last Name: _____

Chapter: _____ College/University: _____

Semester GPA: _____ on a _____ scale Cumulative GPA: _____

Year in School: Freshman Sophomore Junior Senior

Current Mailing Address (Fall): _____

Current City: _____ State: _____ Zip: _____

Current Phone: _____ Cell: _____

Current Email: _____ Alternate Email: _____

Permanent Mailing Address: _____

Permanent City: _____ State: _____ Zip: _____

What other scholarships/funding sources (ex. Dean of Students, IFC, etc.) will assist you with paying for Futures Quest?

How much additional funding have you received/will you receive? \$ _____

Essay: Write an essay (one-page maximum) about your leadership experience, leadership aspirations, and what the values and ritual of Kappa Delta Rho Fraternity means to you.

Expectation Agreement:

I understand Futures Quest is substance-free, and I agree to not bring, use, or consume alcohol or drugs for the duration of the program. I further agree to participate in all Futures Quest activities to the best of my abilities. I understand that violations of these expectations will result in my immediate dismissal from Futures Quest at my own expense, and I will be responsible for refunding my KAP Foundation scholarship.

I agree with the statement above. _____

Applicant's Signature Required

Return your completed application and essay
to the KAP Foundation, no later than November 1, to:
KAP Foundation; P.O. Box 699; Greensburg, PA 15601

Investing in the Lives of Students
www.kdrfoundation.org