

# KAPPA DELTA RHO FOUNDATION

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

## UIFI SCHOLARSHIP APPLICATION

The Kappa Delta Rho Foundation is proud to support UIFI, the Undergraduate Interfraternity Institute, which is put on by the North-American Interfraternity Conference (for more information about UIFI, visit [www.nicindy.org](http://www.nicindy.org)). All members in good standing with the local chapter and the National Fraternity are encouraged to apply for a UIFI 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 UIFI or complete the Institute, 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](mailto:foundation@kdr.com). Applications are due by April 15.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Chapter: \_\_\_\_\_ College/University: \_\_\_\_\_

Semester GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale Cumulative GPA: \_\_\_\_\_

Year in School: Freshman Sophomore Junior Senior

Current Mailing Address (Spring): \_\_\_\_\_

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 UIFI?  
\_\_\_\_\_

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

*Essay:* Write an essay (one-page maximum) about why UIFI is an important program, how you would benefit from attending, and how you would share the experience with your chapter.

### *Expectation Agreement:*

I understand UIFI is a substance-free program, and I agree to not bring, use, or consume alcohol or drugs during the institute. I further agree to participate in all UIFI activities and remain on the host campus for the duration of the institute. I understand that violations of these expectations will result in my immediate dismissal from UIFI 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 April 15, to:  
KAP Foundation; P.O. Box 699; Greensburg, PA 15601

*Investing in the Lives of Students*  
[www.kdrfoundation.org](http://www.kdrfoundation.org)