



## ***Restricted Fund Disbursement Form***

Donors contribute to Restricted Funds held by the Lambda Chi Alpha Educational Foundation to provide scholarships and educational grants to the members of a Chapter. Pursuant to Foundation policy and as required by the Donor Gift Agreements of some restricted funds, Alumni Association officers and other alumni organizations may recommend to the Foundation on the use of available funds for scholarship and educational purposes (or other purposes consistent with its mission and meeting the criteria for a 501(c)(3) organization). However, the Foundation shall have ultimate decision authority based on IRS regulations.

To recommend a disbursement from a Restricted Fund, please complete this form and submit to the Lambda Chi Alpha Educational Foundation, attention Foundation Staff: [foundation@lambdachi.org](mailto:foundation@lambdachi.org) or 10 W. Carmel Drive, Suite 220, Carmel, IN 46032. If you have additional questions about this process, please contact the Foundation via email.

**RESTRICTED FUND NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**ACADEMIC SCHOLARSHIPS:** \$ \_\_\_\_\_

**SCHOLARSHIPS TO ATTEND LEADERSHIP PROGRAMS:** \$ \_\_\_\_\_

**OTHER EDUCATIONAL GRANT:** \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

As an officer of the \_\_\_\_\_ Alumni Organization,  
I hereby certify these funds will be used for the purposes stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title within the Alumni Organization



**LAMBDA CHI ALPHA**  
EDUCATIONAL FOUNDATION

**Academic Scholarships:** Please list all academic scholarship recipients below, each recipient's student ID number, to whom the check should be written, the address to which the check should be sent, and the amount for each.

*Example: John Q. Sample, ID #123456, Indiana University, 123 Mountain St. Bloomington, IN 46032 - \$500.*

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**Scholarships to Attend Leadership Programs:** Please identify the leadership program (High Alpha Summit, Stead Leadership Seminar, etc.), the recipients and amount you recommend each recipient receive. Attach program information for non-Lambda Chi Alpha programs.

*Example: Alpha Zeta would like to send its chapter president to the High Alpha Summit. HAS registration is \$200. Please send the registration funds to the Lambda Chi Alpha Fraternity to pay for the registration of James President.*

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**Other Educational Grant:** Please identify any other educational grant permitted under IRS regulations that you recommend the Foundation make. Please describe the grant in detail, demonstrate the educational purpose, identify any grant recipients and the amount(s) you recommend be awarded. Please be prepared to provide additional information should the Foundation have any questions.

*Example: \$2,500 to fund exclusively educational desks for chapter house library. Wire transfer to ABC Bank Routing #12345 Account #98765.*

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