



FELLOWSHIP AGREEMENT



NAME OF
FELLOWSHIP:

REGION FOR RECOGNITION:

PURPOSE:

This Fellowship shall support individuals, students, or organizations in a particular field of study (i.e. Lupus Disease, Math/Science) or personal background (i.e. Foster Child) etc.:

**NARRATIVE
TOPIC:**

Indicate what the narrative statement topic should include:

ELIGIBILITY:

The fund was initiated in (mm/dd/yy) _____ through a gift of \$ _____
(A minimum of \$1,000 is required) to provide assistance to: (Check all that apply)

☐ Males ☐ Females ☐ Graduate ☐ Undergraduate ☐ GPA ☐ Major ☐ College ☐ State
☐ Region ☐ Members of AKA Only ☐ Other _____

**Please use Fund Criteria Form if additional space is needed.*

FUNDING:

The Fellowship will grow through contributions submitted to EAF designated for this Fellowship Fund. It is understood that these funds will not be invested.

AWARDS:

Fellowships will be awarded during the even numbered year. The amount of the award will be determined by the Administrator or designated group. Written notification of the Awardee(s) shall be sent to EAF. The Administrator shall notify EAF at least 30 days in advance to request the check for the award.

REPORTS:

The Foundation's annual statement of account as appropriate should be forwarded to the Fellowship Administrator as follows:

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

CLOSURE:

If the Fellowship Fund reaches a minimum of \$250.00 or less and no additional funds are contributed into the fund within a twelve month period, EAF has the right to transfer the funds to the Foundation's general scholarship fund.

I understand that all Fellowship awards must be consistent with the Foundation's award policy.

SIGNATURE:

DATE:

Fellowship Administrator

Foundation President

RETURN SIGNED AGREEMENT TO EAF:

BY MAIL: Educational Advancement Foundation / EAF
5656 South Stony Island Avenue | Chicago, IL 60637

BY EMAIL: akaeaf@akaeaf.net
BY FAX: 773-947-0277