



Rick Barnes Interfraternity Institute Scholarship Application

Postmark by April 1

Please type

Name _____ AFA Member # _____

Home Address _____

Home Phone _____

Name of Institution _____

Work Address _____

Work Phone _____ Work Fax _____

E-Mail _____

Number of Years in Profession: _____

Include a current resume with your application.

On a separate sheet of paper, explain why you would like to be selected as the recipient of the Rick Barnes Interfraternity Institute Scholarship, including what you want to gain from participating in IFI and how you believe this experience will impact you professionally.

Additionally, please include a letter of recommendation from your supervisor.

Signature _____ Date _____

Send completed application to:

AFA Foundation
Attn: IFI Scholarship Committee
9640 N. Augusta Drive, Suite 433
Carmel, IN 46032
foundation@fraternityadvisors.org
FAX: 770/903-3988