



Alpha Kappa Alpha Educational Advancement Foundation, Inc.
Fellowship Agreement

Name of Fellowship _____

Purpose: This Fellowship shall support students in a particular field of study (i.e. Lupes Disease, Non-Violent Alternatives, Math/Science) or Personal background(i.e. Foster Child) etc.:

Narrative

Topic: Indicate what the narrative statement topic should include: _____

Eligibility: The Fellowship 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 _____

Member of AKA only _____ Other _____

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.

Address _____

City/State _____ Zip _____

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 months 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.

Signed – Fellowship Administrator /Date

Carolyn House Stewart, Esq.
Foundation President