

PI KAPPA PHI PROPERTIES COVID RELIEF FUND APPLICATION

Resident's Name/Address:						
Last:	First:	Middle	Cell Phone:			
E-mail contact:						
Address 1:						
Address 2:						
City:	State:		ZIP:			
Background:						
Chapter Name:	School:					
List All Exec Positions Held	d:					
Account Balance:						
Amount Requested: (Amount Requested canno	t exceed Amount Owed)					



PI KAPPA PHI PROPERTIES RELIEF FUND APPLICATION

ou.		would benefit



Please acknowledge the following statements with your initials.

I understand Properties	that this fina Members	ancial relief with a	fund is available 2020-2021	only to Pi Kappa Pl Lease Agreemen	
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access accoun	t at <u>http://pk</u>	pp.twa.rentn			
				Initial	
accurate. This used to determ	information haine the amou	as been furni int and condi	shed with the und tions of the grant	plication is complete a lerstanding that it is to to be extended. I her m eligible for this gran	o be eby
Signature				Date	

Please submit your application via email to Ellie Holesa – eholesa@pkpproperties.org. Thank you.