

Tau Kappa Epsilon Fraternity
Application for Release of Escrow Deposit from THF

Chapter: _____ College or University: _____

BOA Chairman: _____

BOA Chairman Address: _____

BOA Chairman City, State, Zip: _____

BOA Chairman Phone (day/night): _____

Amount to Withdraw from Escrow Account: \$ _____

Explain the nature of the funds being held in escrow (e.g., sale of house, checking account, etc.). If unknown, state so: _____

Explain what the BOA plans to do with these funds: _____

When was the chapter re-chartered? _____

How many collegiate members are active in the chapter? _____

Is there an active Board of Advisors and an active Chapter Advisor? _____

Does the chapter owe any money to the Offices of the Grand Chapter? _____

Does the chapter owe any money to HRH/Kirklin and Co. (risk management fees)? _____

Does the chapter owe any money to ACP Resources (annual membership fees)? _____

Date of the Board of Advisors meeting when this application was approved? _____

Number of Board Members in attendance at the meeting: _____

Was the decision to petition the Grand Council unanimous? _____

I certify that I am the Board of Advisors Chairman, that the Board of Advisors has decided to petition the Grand Council for the release of an escrow deposit, and that this application is truthful.

Signature

Printed Name

Date