

Delta Theta Phi Foundation, Inc.

CERTIFICATION OF FOUNDATION

[or other 501(c)(3) non-profit entity]

Name of School: _____

Name of Student Senate of Delta Theta Phi: _____

Full Legal Name of Tax-Exempt Entity: _____

Legal Address of Organization: _____

Contact Name, Title, & Phone Number: _____

EIN: _____

501(c)(3) Tax Exempt Status Gained on what Date: _____

Purpose of Use of Funds of the Entity: _____

I, the undersigned, do hereby swear the above information is accurate – that the above-named organization is a 501(c)(3) tax exempt entity that has been in existence for at least four years. I further swear that any funds awarded from the Delta Theta Phi Foundation, Inc. will be distributed to members of The Delta Theta Phi Law Fraternity, International in the form of scholarships.

Date: _____

Signature

Printed Name & Title

Phone Number

Email Address / Web Site