Tau Kappa Epsilon Scholarship referral form

This form must be submitted with the prior to the student's first fall semeste	1.1	ation for admission to Carroll Univer-	sity. All forms must be submitte	d by February 1 of the year
TKE alumni name	Last		First	Middle initial
Year of graduation		TKE alumni e-mail address		
Son or daughter's name	Last		First	Middle initial
High school attending			High school graduation date	
Thank you for considering Carroll Un	niversity. Notifica	tion of the scholarship will be part of	f your financial aid award.	