



DELTA GAMMA
FOUNDATION

for hope. for strength. for life.

COLLEGIATE ANCHOR GRANT APPLICATION

To apply for a collegiate Anchor Grant please download and complete this form and mail to the Delta Gamma Foundation Assistant Executive Director, Kathleen Kirby at:
3250 Riverside Drive, Columbus, Ohio 43221
Your information will be kept confidential.

Name: _____ Date: _____

Address _____

Age: _____ Social Security number: _____

Day time telephone: _____ E-mail: _____

Collegiate chapter: _____ School: _____

Year of Initiation: _____ Year of Graduation: _____

A minimum of three (3) letters of recommendation are required: two must be from Delta Gamma alumnae (ATC, chapter adviser) and one from an individual such as a doctor or member of the clergy who is knowledgeable about your needs and the reason you are applying for assistance. The letters from professionals must be on official letterhead. If the crisis is medical, one of the letters must be from a physician confirming the nature of the problem.

All letters must be signed, dated and include the current phone number and address of the writer. **We cannot accept e-mailed letters;** mail to: Kathleen Kirby, 3250 Riverside Drive, Columbus, Ohio 43221.

Letters will be coming from:

Print name of professional *Profession*

Print name of Delta Gamma alumna *Chapter*

Print name of Delta Gamma alumna *Chapter*

For Committee Use Only _____

Anchor Grants for members in crisis are funded by contributions to the Delta Gamma Foundation.

Please explain your **reasons** for requesting a grant
and the **amount** you are requesting.

Signature _____ Date _____

Personal Financial Statement for the 2010-2011 Academic Year
Please provide a copy of your financial aid award for 2010-2011 if you have one.

Name _____ Date _____

<u>Cost of attending college</u>	<u>First Term</u>	<u>Second Term</u>
Tuition	\$	\$
Room and Board	\$	\$
Other Fees accessed by institution	\$	\$
Books	\$	\$
Travel to and From Campus	\$	\$
Miscellaneous Fees	\$	\$
TOTAL	\$	\$

<u>Means of paying for college</u>	<u>First Term</u>	<u>Second Term</u>
Federal Grants	\$	\$
State Grants	\$	\$
Institutional Grants	\$	\$
Federal Subsidized Loans	\$	\$
Federal Un-Subsidized Loans	\$	\$
State Loans	\$	\$
Private Loans	\$	\$
Work Study	\$	\$
Parental Contribution	\$	\$
Personal Contribution from savings	\$	\$
Personal Contribution from work	\$	\$
TOTAL	\$	\$

Have you received any other grants? _____
 From _____ Amount \$ _____ Date _____
 From _____ Amount \$ _____ Date _____

Do you expect normal living expenses can be met in the future? _____
 If so, how and when? _____

Mail application to:

Kathleen Kirby, Assistant Executive Director,
3250 Riverside Drive, Columbus, Ohio 43221

Questions? Please contact Kathleen at: 1-800-644-5414 or Kathleen@deltagamma.org

The above information is as accurate as possible a statement of my income, expenses, assets, liabilities and financial situation.

In the Delta Gamma Fraternity Statement of Obligation, I signed as a new member, it states:

I accept the responsibilities of lifelong membership in the Fraternity. I am familiar with and at all times will abide by the Constitution, policies and procedures of the Delta Gamma Fraternity and my chapter's bylaws and standing rules.

I understand that Honor Board has the responsibility to enforce all chapter, Fraternity, and University rules and regulations, and to require me to comply with all local, state, provincial and federal laws.

Because of the exempt status of the Delta Gamma Foundation, Anchor Grants can not be used to pay Fraternity dues or fees. Accordingly, I acknowledge that should I be given an Anchor Grant that the funds will not be used to pay any Fraternity dues or fees other than room and board. I also acknowledge that should I use my Anchor Grant to pay Fraternity dues or fees that my actions could be subject to Honor Board review.

Applicant signature _____ Date _____

Sponsor signature (if applicant is unable) _____ Date _____