



# Delta Gamma

## Foundation

### **Crisis Grant Personal Emergency Application**

Delta Gamma Foundation Crisis Grants (formerly Anchor Grants), established in 1996, help Delta Gamma sisters who find themselves in extreme financial need created by job loss, health crisis, natural disaster or other unexpected life circumstances. The process for receiving financial assistance through the Crisis Grant program is simple and **confidential**. The Foundation Board of Trustees Financial Committee and select Foundation staff members review all Crisis Grant applications. If the Delta Gamma applicant is unable to complete this application herself due to disability, a family member, close friend, sponsor or guardian may assist in its completion.

In order for the Delta Gamma Foundation to maintain its tax-exempt status under the Internal Revenue Code, grants are provided to assist members with basic necessities such as food, clothing, housing or extraordinary medical care not covered by insurance. Tuition assistance is provided through Sisters Helping Sisters: Need-Based Scholarships available from the Foundation. National and chapter Delta Gamma Fraternity dues, obligations or social fees and university Panhellenic fees are **not** eligible expenses.

All applicants must complete the appropriate application and sign the certification statement. Additionally, applicants must be current on their collegiate or alumnae dues and in good standing with the Delta Gamma Fraternity. The attached application is used to **request a grant due to a personal emergency** (medical situation or other severe personal or family situation). If the grant request is due to a natural disaster, please select the natural disaster application from the Delta Gamma Foundation website. Applications are accepted and evaluated on a continuous basis. Grant amounts are based upon funds available.

#### **Please send the completed, signed Crisis Grant application to:**

Delta Gamma Foundation  
ATTN: Foundation Programs Manager - Grants and Scholarships  
3250 Riverside Drive  
Columbus, Ohio 43221

#### **Questions?**

Please contact Foundation Programs Manager - Grants and Scholarships, Mariah Bockbrader at:  
Phone: 614-487-5514 ext. 314  
Fax: 614-481-7061  
Email: [mariah@deltagamma.org](mailto:mariah@deltagamma.org)



**Section I: Personal Information**

First name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed  Single/Unmarried

If married, name of spouse: \_\_\_\_\_

Are you currently employed?  Yes  No  Retired

Is your spouse currently employed?  Yes  No  Retired

Are you insured against loss/illness?  Yes  No

If you are an alumna, have you paid your Delta Gamma per capita dues?  Yes  No\*

*\*If no, please go to [deltagamma.org](http://deltagamma.org) and click "Alumnae Dues" at the top to pay your per capita dues.*

If you are not employed, what are your employment prospects?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If insured, please provide information regarding expected insurance coverage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dependents:

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____



## Section II: Education and Delta Gamma Information

Colleges/Universities attended and degrees awarded:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Chapter/University: \_\_\_\_\_ Year Initiated: \_\_\_\_\_

If a collegian, describe your chapter involvement (offices held, committees, etc.):

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If an alumna, describe your Delta Gamma involvement since graduating (alumnae chapter membership, Delta Gamma Foundation membership, advisory council service, area or national officer, etc.)

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## Section III: Grant Request

A. I am requesting a grant in the amount of \_\_\_\_\_ for the following:

- |           |          |
|-----------|----------|
| 1. _____  | \$ _____ |
| 2. _____  | \$ _____ |
| 3. _____  | \$ _____ |
| 4. _____  | \$ _____ |
| 5. _____  | \$ _____ |
| 6. _____  | \$ _____ |
| 7. _____  | \$ _____ |
| 8. _____  | \$ _____ |
| 9. _____  | \$ _____ |
| 10. _____ | \$ _____ |

(Additional expenses may be added as necessary.) Total \$ \_\_\_\_\_





## Section V: Personal Financial Statement

This information is required for the Delta Gamma Foundation to be in compliance with Internal Revenue Service guidelines for 501(c)(3) organizations.

### A. Monthly Income and Expenses

Monthly income (must include spouse's income unless separated or divorced):

Wages	\$ _____
Social security	\$ _____
Retirement/pension	\$ _____
IRA (average monthly withdrawal)	\$ _____
Worker's compensation or disability payments	\$ _____
Unemployment compensation	\$ _____
Average monthly income from investments	\$ _____
Income from annuities	\$ _____
Insurance income	\$ _____
Alimony or spousal support	\$ _____
Child support from spouse	\$ _____
Aid to dependent children	\$ _____
Food stamps	\$ _____
Public assistance	\$ _____
Monetary assistance from:	
Parents	\$ _____
Children	\$ _____
Other relatives	\$ _____
Other income (describe) _____	\$ _____
<b>Total monthly income:</b>	<b>\$ _____</b>

Monthly expenses:

Rent/mortgage (including insurance/property taxes)	\$ _____
Home maintenance	\$ _____
Groceries/food	\$ _____
Utilities (gas, electricity, water, etc.)	\$ _____
Telephone (home and cell)	\$ _____
Uninsured medical expenses	\$ _____
Automobile payment	\$ _____
Gasoline/auto maintenance	\$ _____
Auto insurance	\$ _____
Loan payments	\$ _____
Public transit costs	\$ _____
Insurance:	
Life	\$ _____
Medical/health	\$ _____
Personal property	\$ _____
Other insurance	\$ _____
Child care	\$ _____
Elder care	\$ _____
Credit card payments	\$ _____
Student loan payments	\$ _____
Other loan/debt payments	\$ _____
Other (describe) _____	\$ _____
<b>Total monthly expenses:</b>	<b>\$ _____</b>



B. Value of Assets

Itemize and identify current balances in all bank or savings accounts, credit lines, brokerage accounts, 401Ks, IRAs, CDs, etc.

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Real estate:

Fair market value of your residence	\$ _____
List balance of any mortgages	\$ _____
Fair market value of any other real estate	\$ _____
List balance of any mortgages	\$ _____

If you expect receipt of any lump sum of money within the next year, such as inheritance, liability settlement, insurance proceeds, prize money, honorarium, royalties, donations, government lump sum assistance, monetary assistance from charitable organizations, etc., please state source and amount.

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

C. Financial Obligations (Outstanding bills/loans/other financial liabilities)

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

D. Other pertinent financial information:

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E. When do you expect normal living expenses can be met without outside aid?

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## Section VI: Letters of Support

Applicants are responsible for obtaining three letters of recommendation in support of this application: two from Delta Gamma members in good standing and one from a community member or caring professional who can attest to the facts presented in this application. All letters must be signed, dated and include the current phone number and address of the writer. **We cannot accept emailed letters.** Please have the individuals send recommendations to the address listed on the instruction page of this application.

1. Name of professional: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name of professional: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name of professional: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

## Section VII: Certification and Signature

I hereby certify and attest that the foregoing, including all financial information, is accurate. I understand and agree to provide further documentation as requested, which may include copies of insurance settlements, documents to verify financial assertion, or income tax statements.

(If the applicant is unable to complete this form, her legal guardian with power of attorney may complete the application and sign below. A copy of the power of attorney must be attached to this application.) I further agree that, should I be selected for a grant, I will use the funds for the purpose listed or approved only. Any unauthorized use of the funds may subject me to collection action.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor signature (if applicant is unable): \_\_\_\_\_ Date: \_\_\_\_\_

- Please check if you are comfortable with us sharing your story and a picture. This will strengthen our mission and sustain the Crisis Grant program to help other Delta Gammas in need.**

*Crisis Grants for members in crisis are funded by contributions to the Delta Gamma Foundation.  
Crisis Grants are awarded throughout the year as funds are available.*

