



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.

Personal emergencies are defined by Delta Gamma Foundation as:

- Critical illnesses (e.g., cancer, heart attack, stroke, organ transplant, coronary bypass surgery, angioplasty, kidney failure, loss of hearing, loss of vision, loss of speech, paralysis, coma, etc.), terminal illnesses (i.e., a disease or condition that cannot be cured), or a life-threatening accident.
- Medical event must impact the member, the member's spouse, or the member's dependent child. The committee will consider the member's parents or legal guardians if the applicant is a dependent or if the applicant is the sole caretaker of the parent(s)/guardian(s).
- Circumstances that are life-threatening (i.e., seriously dangerous and could result in death)
- Circumstances that cause the member to have monthly expenses for necessities only (e.g., food, clothing, shelter, transportation, utilities, and/or medical care) that exceed the member's monthly income.
- Domestic violence/abuse
- For an application to be considered, the member must be employed or actively seeking work, collecting unemployment, disability, or social security. The member must have also exhausted all other financial assistance options (e.g., insurance, family loans, personal bank loans, etc.).



Examples of situations that are not eligible for Delta Gamma Foundation Crisis Grants:

- Elective medical procedures
- Personal, family or marital conflicts, including divorce, separation or child support
- Legal expenses
- Voluntary unemployment
- Burglary or theft
- Poor financial management
- Delta Gamma-related expenses (e.g., dues, room and board, etc.)
- Tuition/academic 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. Per the [Crisis Grant Recipient policy](#), Crisis Grants may be granted only two times to the same applicant. Should an applicant be approved for two Crisis Grants, additional Crisis Grant requests may be re-considered after 10 years from the most recent Crisis Grant award.

Please email the completed, signed Crisis Grant application to:

Assistant Director: Programs and Impact, Mariah Bockbrader, CrisisGrants@deltagamma.org

If you have any questions, or if you need this application in a different format, please contact Assistant Director: Programs and Impact, Mariah Bockbrader, at 614-407-5762 or CrisisGrants@deltagamma.org.



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Download this form to your desktop before filling it out. Do not fill this form out in an internet browser, as it will not save your answers.

Section I: Personal Information

First name: _____ Maiden name: _____ Last name: _____

Address: _____

Home phone: _____ Cell: _____ Work phone: _____

Date of birth: _____ Email: _____

Social Security Number: _____

Are you 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 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.):

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.)

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 IV: Statement of Circumstances

Please provide a personal statement describing the circumstances of the emergency experienced and the proposed use of any funds received through this grant. Additional pages may be added as necessary. Please be specific. Please include attachments of bills, credit card statements, or any other documentation that would assist the Crisis Grants Committee in reviewing your application.



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) _____	\$ _____
Total monthly income:	\$ _____

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) _____	\$ _____
Total monthly expenses:	\$ _____



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:

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



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. Letters of support may not come from family or significant others. At least one letter or other document should confirm independently the circumstances that make this situation a crisis. All letters must be signed, dated and include the current phone number and address of the writer. Emailed letters are acceptable. Please have the individuals send recommendations to the email 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. If you are not comfortable sharing your story and/or a photo, your eligibility to receive a Crisis Grant will not be impacted.

*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.*

