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 natural disaster**. If the grant request is due to a medical situation or other severe personal or family situation, please select the personal emergency application from 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
Section I: Personal Information

First name: __________________ Maiden name: __________________ Last name: __________________

Residence address: __________________________________________________________

Alternate address (if away from residence): ______________________________________

Home phone: __________________ Cell: __________________ Work phone: ________________

Date of birth: _______________ Email: ____________________________________________

Social Security Number: ______________________________________________________

Marital Status:  □ Married  □ Separated  □ Divorced  □ Widowed

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 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:

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<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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</table>
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.
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._