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
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

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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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>1. ______________________</td>
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<td>4. ______________________</td>
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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 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.

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
<td>$_____</td>
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</table>

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.

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

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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. 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.*