



Delta Gamma

Foundation

Crisis Grant Natural Disaster 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 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:

	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 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.*

