



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**. Natural disasters are defined by the Delta Gamma Foundation as sudden and terrible events in nature (e.g., hurricane, tornado, flood, pandemic, mudslide, wildfire, etc.) that result in serious damage. 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. Per the [Crisis Grant Recipient policy](#), Crisis Grants may be granted only two times to the same applicant.

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.



Crisis Grant - Natural Disaster Application

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: _____

Residence address: _____

Alternate address (if away from residence): _____

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 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.*

