



Kappa Delta FOUNDATION

Alumnae Crisis Grant sponsored by the Kappa Delta Foundation

Mission	<p>The mission of the Kappa Delta Foundation, Inc. is to secure funds for the educational, leadership and charitable purposes of Kappa Delta Sorority. With the generous support of Kappa Deltas across the country, the Kappa Delta Foundation supports several educational, leadership and charitable initiatives.</p> <p>As member of the National Panhellenic Conference, Kappa Delta Sorority is a national organization for women committed to:</p> <ul style="list-style-type: none">• Inspiring our members to reach their full potential;• Preparing our members for community service, active leadership and responsible citizenship;• Creating opportunities for lifetime involvement through innovative and responsive programs and strategic collaborations and partnerships;• Fostering the development of our time-honored values within the context of friendship. <p>Please familiarize yourself with grant eligibility and submission guidelines before submitting a grant request.</p> <p>The purpose of the Alumnae Crisis Grant Fund is to provide immediate financial assistance in the form of a grant to an initiated Kappa Delta alumna who is experiencing dire financial need and in a personal crisis, emergency situations due to medical reasons, or natural disasters.</p>
Eligibility	Grants may only be awarded to an initiated Kappa Delta member, although the grant can help benefit the member's immediate family (spouse/children).
Grant Recipient Commitments	The grant recipient must use the funds for the purpose awarded within one calendar year from date grant is awarded.
Timeline	<p>Grant applications are accepted year-round.</p> <p>Funds will be disbursed within three weeks of committee approval of grant application. Applications may take up to 6 weeks to review.</p> <p>If grant request is approved, funds will be disbursed within three weeks of committee approval.</p>

<p>Selection Process and Criteria</p>	<p>The Kappa Delta Foundation conducts a formal application review using a committee of board appointed volunteers and chaired by a foundation board director. During the review process, the applicant's name will be removed from all materials to establish a blind selection process. Recipients are selected on an objective and nondiscriminatory basis.</p> <p>The committee will consider the following criteria in making its determination of need:</p> <ul style="list-style-type: none"> • the severity of the applicant's hardship and the extent to which the applicant may alleviate that hardship with existing income and/or assets; • the existence and number of other benefits received by the applicant or the applicant's spouse (such as Welfare, Social Security, unemployment, workers' compensation); • the extent of the applicant's liabilities and other factors that may diminish the applicant's ability to allocate assets, income, or benefits to alleviate the specific hardship; • the existence of reasonable and less expensive alternatives to the specific relief sought by the applicant; and • the existence of and level of prior or current financial support the applicant has received or is receiving from the foundation or from any other source.
<p>Preparing Application Submission</p>	<p>All applicants must submit the completed application and any supporting documentation such as copies of federal income tax returns, recent savings and/or checking account statements, appraisals, insurance policies and court orders. Applicants must also submit two references that can verify the applicant's need. These references will remain confidential.</p>
<p>Send To:</p>	<p>Kappa Delta Foundation ATTN: Huda Nutt 3205 Players Lane Memphis, TN 38125 huda.nutt@kappadelta.org</p>
<p>Questions:</p>	<p>Huda Nutt, Programs Coordinator Kappa Delta Foundation huda.nutt@kappadelta.org (901) 455-2217</p>

Kappa Delta Alumnae Crisis Grant Application

Save ALL parts of the application in one PDF file. Name the file: [Applicant Name] Alumnae Crisis Grant Application. If the alumna is unable to complete this application due to disability - a family member, close friend, sponsor, or guardian may assist in its completion.

Contact Information

Name of Applicant: _____

First

Maiden

Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Chapter of Initiation: _____ Year of Initiation: _____

Number of children: _____ Age(s): _____ Number living at home: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Employer Information

If Employed-

Occupation: _____

Salary: _____

Employer: _____ Phone: (____) _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Direct Supervisor: _____ May we contact your employer? _____

If Not Employed-

Where did you last work? _____ What was the date you last worked? _____

What was the reason for leaving your employment? _____

Personal Income Statement-

MONTHLY INCOME

Wages \$ _____

Social Security \$ _____

Retirement/ Pension \$ _____

IRA (Average monthly withdrawals) \$ _____

Investments (Average monthly income) \$ _____

Insurance \$ _____

Alimony/Child Support \$ _____

Unemployment compensation \$ _____

Rental property \$ _____

Food stamps \$ _____

Assistance from relatives \$ _____

Public assistance \$ _____

Other (describe) \$ _____

Other (describe) \$ _____

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES

Rent/mortgage (taxes & insurance) \$ _____

Food \$ _____

Utilities (electric, gas, water, telephone) \$ _____

Insurance \$ _____

Medical (not covered by insurance) \$ _____

Automobile \$ _____

Credit card(s) \$ _____

Other, describe \$ _____

Other, describe \$ _____

TOTAL MONTHLY EXPENSES \$ _____

NET INCOME (LOSS) \$ _____

Personal Balance Sheet -

ASSETS

Checking account(s)	\$ _____
Savings account(s)	\$ _____
Securities	\$ _____
Real estate equity	\$ _____
Other, describe	\$ _____
Other, describe	\$ _____
TOTAL ASSETS	\$ _____

LIABILITIES

Balances payable:

lending institution	\$ _____
lending institution	\$ _____
lending institution	\$ _____

Balances payable:

credit card company	\$ _____
credit card company	\$ _____
credit card company	\$ _____
Other, describe	\$ _____
Other, describe	\$ _____
Other, describe	\$ _____
TOTAL LIABILITIES	\$ _____

NET FINANCIAL WORTH	\$ _____
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Have you received any other grants? (Y/N) _____

From: _____ Amount \$ _____ Date _____

From: _____ Amount \$ _____ Date _____

Grant Verification

The above information is as accurate as possible a statement of my income, expenses, assets, liabilities, and financial situation.

Applicant Signature _____ Date _____

Sponsor Signature (if applicant is unable) _____ Date _____

Reference #1

Contact Information

Name of Applicant: _____
First Maiden Last

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Relationship to the Reference: _____

Reference #2

Contact Information

Name of Applicant: _____
First Maiden Last

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Relationship to the Reference: _____