



Kappa Delta  
Foundation

## Alumnae Crisis Grant

sponsored by the Kappa Delta  
Foundation

	<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"><li>• Inspiring our members to reach their full potential;</li><li>• Preparing our members for community service, active leadership and responsible citizenship;</li><li>• Creating opportunities for lifetime involvement through innovative and responsive programs and strategic collaborations and partnerships;</li><li>• Fostering the development of our time-honored values within the context of friendship.</li></ul> <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>
Mission	
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	Grant applications are accepted year-round.  Funds will be disbursed within three weeks of committee approval of grant application. Applications may take up to 6 weeks to review.  If grant request is approved, funds will be disbursed within three weeks of committee approval.

<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"> <li>• the severity of the applicant's hardship and the extent to which the applicant may alleviate that hardship with existing income and/or assets;</li> <li>• the existence and number of other benefits received by the applicant or the applicant's spouse (such as Welfare, Social Security, unemployment, workers' compensation);</li> <li>• 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;</li> <li>• the existence of reasonable and less expensive alternatives to the specific relief sought by the applicant; and</li> <li>• 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.</li> </ul>
<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  <a href="mailto:huda.nutt@kappadelta.org">huda.nutt@kappadelta.org</a></p>
<p>Questions</p>	<p>Huda Nutt, Programs Coordinator  Kappa Delta Foundation  <a href="mailto:huda.nutt@kappadelta.org">huda.nutt@kappadelta.org</a>  (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: \_\_\_\_\_