



## EMMA HARPER TURNER FUND ALUMNA GRANT APPLICATION

The Emma Harper Turner Fund was established in 1946 to help Pi Beta Phi members who experience extreme financial challenges created by health crisis, significant job loss, natural disaster (use Disaster Relief Application) or other unexpected life circumstances. In order to be considered for Emma Harper Turner Fund assistance, the applicant must be an alumna member of and in good standing (not resigned or dismissed) with Pi Beta Phi Fraternity.

**RESOURCES:** In order to complete this application, you will need the following:

- **PI PHI INFO** – chapter/initiation date
- **FINANCIAL INFO** – financial information for you and your spouse/partner (if applicable) including cash on hand, all income & expenses and outstanding loans
- **SPONSOR LETTERS** – letters from three Pi Beta Phi members in good standing with the Fraternity (not resigned or dismissed). Each letter must be personally signed or may be emailed directly to the EHT Fund Chairman by the Sponsor and must provide confirmation of the following details regarding the applicant:
  1. The financial need of the applicant
  2. The crisis which created the financial need

**INSTRUCTIONS:** Complete each of the steps listed below and check that they have been completed. If the alumna is unable, due to disability, a family member, close friend, sponsor, guardian or conservator may assist in its completion. If there are any questions in completing this application, please contact the Pi Beta Phi Foundation at (636) 256-1357 or [EHTFundChair@pibetaphi.org](mailto:EHTFundChair@pibetaphi.org)

- STEP 1:** Complete the Application Form. Ensure that all fields are filled out as requested including required information of Pi Beta Phi Sponsors.
- STEP 2:** Complete the Confidential Financial Information Form.
- STEP 3:** Provide a personal letter of circumstance explaining how this grant would help you in your current situation.
- STEP 4:** Obtain sponsor letters from three Pi Beta Phi members in good standing with the Fraternity. Each letter must be personally signed or may be emailed directly to the EHT Fund Chairman by the Sponsor and must provide confirmation of the following details regarding the applicant:
  - The financial need of the applicant
  - The crisis which created the financial need
- STEP 5:** Mail or email the completed Application Form, Confidential Financial Information Form, personal letter and three sponsor letters to:

EHT Fund Chairman • Pi Beta Phi Foundation • 1154 Town & Country Commons Drive • Town & Country, MO 63017 or Email: [EHTFundChair@pibetaphi.org](mailto:EHTFundChair@pibetaphi.org)



**EMMA HARPER TURNER FUND ALUMNA GRANT**

APPLICATION FORM			
Name (First, Maiden, Last):			Date:
Street Address:		City:	St/Prov:
ZIP:	Country:	Home Phone:	Cell Phone:
Date of Birth:	Email:		
Chapter:		Year of Initiation:	
Marital Status:	Name of Spouse/Partner:		
Number of Children:		Ages:	
Number of adults living in your household:		Total number living in your household:	

**Pi Beta Phi Sponsors:**

1.	Name (first, maiden, last):	Chapter/Year of Initiation:
	Address:	City, State, Zip:
	Email:	Phone:
2.	Name (first, maiden, last):	Chapter/Year of Initiation:
	Address:	City, State, Zip:
	Email:	Phone:
3.	Name (first, maiden, last):	Chapter/Year of Initiation:
	Address:	City, State, Zip:
	Email:	Phone:

Provide a personal letter of circumstance explaining how this grant would help you in your current situation.



**EMMA HARPER TURNER FUND ALUMNA GRANT**

Date: \_\_\_\_\_

Name: (first, maiden, last) \_\_\_\_\_

CONFIDENTIAL FINANCIAL INFORMATION FORM	
Occupation:	Gross Annual Income:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what are your employment prospects:	
Spouse/Partner Occupation:	Gross Annual Income:

Monthly Income	Self:	Spouse/Partner:
Wages (take home)	\$	\$
Social Security	\$	\$
Retirement/Pension/IRA	\$	\$
Investment Income (avg monthly withdrawal)	\$	\$
Food Stamps	\$	\$
Insurance Income	\$	\$
Rental Property Income	\$	\$
Assistance from Relatives/Children	\$	\$
Public Assistance	\$	\$
Unemployment compensation	\$	\$
Alimony/Child Support	\$	\$
Other Income (Describe)	\$	\$
<b>Total Income:</b>	<b>\$</b>	<b>\$</b>

Monthly Expenses - if you have a roommate, specify your portion of the monthly expenses	Self:	Spouse/Partner:
Rent/Mortgage	\$	\$
Food	\$	\$
Utilities (electricity, gas, water)	\$	\$
Telephone	\$	\$
Insurance	\$	\$
Medical (not covered by insurance)	\$	\$
Automobile	\$	\$
Student Loan Payments (minimum monthly)	\$	\$
Credit Card Payments (minimum monthly)	\$	\$
Other (describe)	\$	\$
<b>Total Expenses:</b>	<b>\$</b>	<b>\$</b>

<b>Assets (include spouse/partner if applicable)</b>	<b>Self:</b>	<b>Spouse/Partner:</b>
Cash on hand in banks (i.e. checking, savings, cd's)	\$	\$
401k, IRA's, brokerage accounts	\$	\$
Other (Loans, grants, etc.)	\$	\$

<b>Real Estate</b>	
Fair Market Value of your residence	\$
Balance of any mortgages	\$
Fair Market Value of any other real estate owned	\$
Balance of any mortgages	\$

<b>Any lump sum assets expected within the next year (i.e. inheritance, liability settlements, royalties, donations)</b>	<b>Self:</b>	<b>Spouse/Partner:</b>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

<b>Any financial assistance applied for or received from other charitable sources such as GoFundMe, family, church, etc.</b>	<b>Self:</b>	<b>Spouse/Partner:</b>
1.	\$	\$
2.	\$	\$
3.	\$	\$

Have you applied for an EHT grant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received an EHT grant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify the date, amount, and a brief description of the circumstances of the grant:	
Date:	\$
Description:	

<b>Outstanding Bills/Loans (include student loans, credit cards, automobile loans, medical/hospital debt, etc.):</b>			
	<b>Lending Institution</b>	<b>Remaining Balance</b>	<b>Payment Terms</b>
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	

<b>Provide any additional financial information you want the committee to know that is not otherwise addressed on the application:</b>
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**Amount of Assistance Requested: \$**

**Describe any relationship you have with any of the members of the Emma Harper Turner Fund Committee or officers, directors or employees of the Pi Beta Phi Foundation:**

**I hereby certify that the above information is as accurate as possible a statement of my financial liabilities and situation.**

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**If alumna is unable to complete form:**

**Preparer's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_



**EMMA HARPER TURNER FUND ALUMNA GRANT**

***FOR COMMITTEE USE ONLY:***

**Name:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**APPROVED:**

Committee Member: \_\_\_\_\_

Foundation Trustee: \_\_\_\_\_

Date: \_\_\_\_\_