



EMMA HARPER TURNER FUND DISASTER RELIEF GRANT APPLICATION

The purpose of the Emma Harper Turner Fund Disaster Relief Grants program is to provide short-term assistance to undergraduate and alumna members of Pi Beta Phi Fraternity in good standing, who find themselves in financial distress due to the occurrence of a Presidentially declared major disaster or emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Applications for grants must be received on or before the six-month anniversary of the date of the Presidential Declaration. In order to be considered for Emma Harper Turner Fund assistance, the applicant must be either an alumna member in good standing (not resigned or dismissed) with Pi Beta Phi Fraternity or an undergraduate member in good standing with the chapter (academically, financially and otherwise).

Grants from the program are restricted in their use to the payment for the basic necessities such as food, clothing, tuition, books, fees, temporary housing, immediate medical care, funeral services and other critical needs arising directly out of the disaster or emergency. Grant funds used for the purposes contemplated in the approval process do not need to be repaid; however, recipients must comply with the Fund's reporting requirements.

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

- **PI PHI INFO** – chapter/initiation date
- **FINANCIAL INFO** – financial information including cash on hand, all income & expenses and outstanding loans
- **SPONSOR LETTER** – A letter from a member of Pi Beta Phi Fraternity in good standing verifying your needs.

INSTRUCTIONS: Complete each of the steps listed below and check that they have been completed. If you are 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

- STEP 1:** Complete the Application form. Ensure that all fields are filled out as requested.
- 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 a Sponsor letter from a member of Pi Beta Phi Fraternity in good standing verifying your needs.
- STEP 5:** Mail or email the completed Application Form, Confidential Financial Information Form, personal letter and a sponsor letter to:

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



EMMA HARPER TURNER FUND DISASTER RELIEF GRANT

APPLICATION FORM			
<input type="checkbox"/> Collegian <input type="checkbox"/> Alumna		Date:	
Name (First, Maiden, Last):		Date of Birth:	
Permanent Address:		City:	St: ZIP:
Alternate Address (if permanent address is not habitable)		City:	St: ZIP:
County which you reside:	Email:		
Phone:	Alt Phone:		
College/University Attending (Collegians):			
Chapter:		Year of Initiation:	
Marital Status:	Number of Children:		
Ages of Children:	Total number living in the home:		
Pi Beta Phi Sponsor:			
Pi Beta Phi Sponsor Email:		Pi Beta Phi Sponsor Phone:	
Disaster Causing Loss:			

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



EMMA HARPER TURNER FUND DISASTER RELIEF GRANT

Date: _____

Name: (first, maiden, last) _____

CONFIDENTIAL FINANCIAL INFORMATION FORM		
Monthly Income	Self:	Spouse:
Wages (take home)	\$	
Social Security	\$	
Retirement/Pension	\$	
IRA/Investments	\$	
Insurance	\$	
Rental Property	\$	
Alimony/Child Support	\$	
Assistance from Relatives	\$	
Unemployment Compensation	\$	
Food Stamps	\$	
Public Assistance	\$	
Other Income	\$	
	\$	
	\$	
Total Income:	\$	

My income is expected to remain stable despite the disaster.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My spouse's income is expected to remain stable despite the disaster.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My income will be affected by this disaster.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My spouse's income will be affected by this disaster.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expected Date of Normalcy:		

Monthly Expenses – if you have a roommate, specify your portion of the monthly expenses	Self:	Spouse:
Monthly Mortgage/Rent	\$	
Food	\$	
Utilities (electricity, gas, water)	\$	
Telephone	\$	
Insurance	\$	
Medical (not covered by insurance)	\$	
Automobile	\$	
Other Expenses:	\$	
	\$	
	\$	
Total Expenses:	\$	

Foreseeable Expenses due to Disaster:	Self:	Spouse:
Temporary Housing	\$	
Permanent Relocation	\$	
Replacement of household necessities	\$	
Other	\$	
Total Expenses:	\$	

Financial Losses due to Disaster:	Value	Insured?
Home	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (describe)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assets	Self:	Spouse:
Cash on hand in banks (i.e. checking, savings, cd's)	\$	
Loans	\$	
Grants	\$	
Other (Specify Below)	\$	
Any lump sum assets expected within the next year (i.e. insurance)	Self:	Spouse:
1.	\$	
2.	\$	
3.	\$	
Any financial assistance applied for or received from other charitable sources such as GoFundMe, family, church, etc.	Self:	Spouse:
1.	\$	
2.	\$	
3.	\$	

Name of College/University (if applicable):	
Class year:	
Expected Resources per Academic Year:	
Personal Contribution from work:	\$
Personal Contribution from savings:	\$
Family Contributions:	\$
Parent 1	\$
Parent 2	\$
Other (specify)	\$

List the scholarships and grants from your University/College or outside other	
1.	\$
2.	\$
3.	\$
4.	\$
List the source and give the total of educational loans	
1.	\$
2.	\$
3.	\$
4.	\$
Expected Education Expenses per Academic Year	
Tuition	\$
Fees	\$
Books, Instructional Materials	\$
Other Expenses (list below)	\$
1.	\$
2.	\$
3.	\$
4.	\$
Grand Total	\$

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:	

Amount of Assistance Requested:
Describe any known 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 provided in the application is as accurate as possible to the best of my knowledge.

Applicant Signature: _____ Date: _____

If member is unable to complete the form.

Other Signature: _____

Relationship to applicant: _____ Date: _____



EMMA HARPER TURNER FUND ALUMNA GRANT

FOR COMMITTEE USE ONLY:

Name: _____

Grant Number: _____ **Amount:** _____

APPROVED:

Committee Member: _____

Foundation Trustee: _____

Date: _____