



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. This application may be completed by either the applicant or a sponsor.

INSTRUCTIONS: The applicant shall complete the application and Confidential Financial Information form. If the alumna is unable, due to disability, a family member, close friend, sponsor, guardian or conservator may assist in its completion. The applicant shall obtain sponsor letters, attesting to the need of the applicant, from three Pi Beta Phi members. Forward this application, Financial Information form and three sponsor letters to the EHT Fund Chairman.

Date: _____

Name (first, maiden, last): _____ E-Mail: _____

Address: _____ Telephone: _____

City, State, Zip: _____ Cell: _____

Chapter and year of Initiation: _____ Date of Birth: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed (give date) _____

Number of children: _____ Ages: _____ Number living at home: _____

Pi Beta Phi Sponsors:

1. Name (first, maiden, last): _____

Address: _____ Phone: _____

City, State, Zip: _____ Chapter and year of Initiation: _____

2. Name (first, maiden, last): _____

Address: _____ Phone: _____

City, State, Zip: _____ Chapter and year of Initiation: _____

3. Name (first, maiden, last): _____

Address: _____ Phone: _____

City, State, Zip: _____ Chapter and year of Initiation: _____

Please return the completed application along with letters attesting in full detail to the need to:

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

FOR COMMITTEE USE ONLY:

Grant Number: _____ Amount: _____

APPROVED:

Committee Member: _____

Foundation Trustee: _____

Date: _____



EMMA HARPER TURNER FUND
CONFIDENTIAL FINANCIAL INFORMATION FOR ALUMNAE

Both pages of this form should be completed by the applicant and returned to:

ETH Fund Chairman
EHTFundChair@pibetaphi.org
Pi Beta Phi Foundation
1154 Town & Country Commons Drive
Town & Country, MO 63017

If the applicant is unable, due to disability, a family member, close friend, sponsor, guardian or conservator may assist in its completion and mailing.

Date: _____

Name: (first, maiden, last) _____

Monthly Income

Table with 2 columns: Income Category and Amount. Rows include Wages, Social Security, Retirement/Pension, IRA, Investments, Insurance, Alimony, Unemployment, Rental Property, Food Stamps, Assistance from relatives, Public Assistance, Other, and Total.

Assets

Table with 2 columns: Asset Category and Amount. Rows include Cash on hand in banks, Loans, Grants, Other, and Total.

Monthly Expenses

Table with 2 columns: Expense Category and Amount. Rows include Rent/Mortgage, Food, Utilities, Telephone, Insurance, Medical, Automobile, Other, and Total.

Outstanding Bills/Loans (include student loans, credit cards, home loans, etc.):

Lending Institution	Remaining Balance	Payments Terms
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Other Financial Information:

Amount of Assistance Requested: \$ _____

Statement explaining reason this grant would be of help to your current situation (use additional sheets as needed): _____

The intended use of this grant: _____

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: _____

The above is as accurate as possible a statement of my financial liabilities and situation.

Signature: _____

Date: _____

If alumna is unable to complete form:

Other signature: _____

Relationship to applicant: _____