



EMMA HARPER TURNER FUND COLLEGIAN GRANT APPLICATION

Eligibility: Applicant must be an initiated collegiate member of the Fraternity who has recently experienced a significant life change that jeopardizes her ability to stay in school.

EHT Collegiate Grants are intended to fund educational expenses or occasional medical expenses only. Grant checks will be issued directly to the educational institution when applicable.

Instructions: The collegian shall complete the application and enclosed confidential Financial Information Form. If the collegian is unable, due to disability, a family member, close friend, sponsor, guardian or conservator may assist in its completion. The applicant shall obtain from her Chapter President (sponsor 1) a letter confirming that the applicant is in good standing with the chapter (academically, financially and otherwise). The applicant shall obtain from a member of her chapter's AAC (sponsor 2) a letter attesting to the need of the applicant. Forward this application, financial information form and sponsor letters of support to the EHT Fund Chairman.

Date: _____

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

Permanent Address: _____ Telephone: () _____

City, State, Zip: _____ Cell: () _____

Address at School: _____ Date of Birth: _____

City, State, Zip: _____

Chapter and year of Initiation: _____

Class year (check one): ___ Freshman ___ Sophomore ___ Junior ___ Senior

College/University attending: _____

Major: _____ Hours Enrolled: _____

Are you employed during the school year? (check one) ___ Yes ___ No

If yes, indicate type of work and approximate hours worked per week: _____

Mother's full name: _____ Gross Annual Income: _____

Father's full name: _____ Gross Annual Income: _____

Do you have siblings attending college who will receive financial assistance from your parents? (check one)

___ Yes ___ No

If yes, indicate how many and class/year (e.g. Freshman, etc.) _____

Please explain the life change that causes your need, why it jeopardizes your ability to stay in school, and your intended use of any funds that may be granted (use additional paper if needed).

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: _____



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(continued)

Member's need: One-time grant paid to college/university: _____ Other (describe): _____

Address of institution: _____

Pi Beta Phi Sponsors: (attach sponsor letters to this application)

1. **Chapter President:** _____ E-mail: _____

School Address: _____ Phone: _____

City, State, Zip: _____

Permanent Address: _____ Phone: _____

City, State, Zip: _____

2. **AAC Member:** (first, maiden, last) _____

Address: _____ Phone: _____

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

I give permission to Pi Beta Phi Foundation to access my chapter financial records.

Applicant Signature: _____ Date: _____

Additional information:

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 COLLEGIANS

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

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

Name: _____

ASSETS

Cash on hand and in bank\$ _____
Loans\$ _____
Grants\$ _____
Other (please specify types and amounts)
.....\$ _____
.....\$ _____
.....\$ _____

MONTHLY INCOME

Full-time job\$ _____
Part-time job\$ _____
Interest, dividend income\$ _____
Other income (please specify types and amounts, e.g. parent/family contribution)
.....\$ _____
.....\$ _____
.....\$ _____

MONTHLY EXPENSES

Loans (school, car, etc.)\$ _____
Monthly rent\$ _____
Other liabilities (please specify types and amounts, example: credit cards, phone plans, utilities)
.....\$ _____
.....\$ _____
.....\$ _____
.....\$ _____

Budget Information

Expected resources per academic year

Personal contribution (from work):
\$ _____

Personal contribution (from savings):
\$ _____

Parent/family contribution:
\$ _____
\$ _____

Employer-provided educational aid:

College/University Awards (specify names & amounts):

Outside Awards (specify names and amounts):

Loans (specify names and amounts):

Total Resources: \$ _____

Signature: _____

Expected expenses per academic year

Tuition:
\$ _____

Fees (e.g. lab, studio):
\$ _____

Books, Instructional materials:
\$ _____
\$ _____

\$ _____
\$ _____

Room and Board:
\$ _____
\$ _____

Other related expenses (specify types and amounts):

Total Expenses: \$ _____

Date: _____