



## 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.

Grants from this program are restricted in their use to the payment for 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.

Complete and sign this form and send it, together with the Confidential Financial Information Form and a letter from a member of Pi Beta Phi Fraternity in good standing (other than yourself) verifying your needs, to the address at the bottom of this application form.

Collegian                       Alumna                                      Date: \_\_\_\_\_

Name (first, maiden, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Chapter and year of Initiation: \_\_\_\_\_

Marital Status:    Single \_\_\_\_\_    Married \_\_\_\_\_    Divorced \_\_\_\_\_    Widowed (give date) \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_ Number living at home: \_\_\_\_\_

Disaster Causing Loss(es): \_\_\_\_\_

Description of needs arising from the disaster: \_\_\_\_\_

\_\_\_\_\_

Amount of assistance needed: \_\_\_\_\_

Intended use of the grant: \_\_\_\_\_

\_\_\_\_\_



**EMMA HARPER TURNER FUND DISASTER RELIEF GRANT APPLICATION**  
(Continued)

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: \_\_\_\_\_

\_\_\_\_\_

- Complete and attach the Confidential Financial Information Form.
- Attach a letter from a Pi Beta Phi member in good standing verifying the need.

By signing this application the applicant certifies that the information contained herein and on the Confidential Financial Information Form attached hereto is true, correct, and complete to the best of her knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Please return the completed application to:

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

**FOR COMMITTEE USE ONLY:**  
**APPROVED:**

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

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

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

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



EMMA HARPER TURNER FUND
CONFIDENTIAL FINANCIAL INFORMATION FORM

DISASTER RELIEF GRANTS

Cash on hand and otherwise available: ..... \$ \_\_\_\_\_

Income:..... \$ \_\_\_\_\_

- My income is expected to remain stable despite the disaster.
My income will be affected by this disaster. Expected date of normalcy: \_\_\_/\_\_\_/\_\_\_

Insurance benefits received or expected to be received: ..... \$ \_\_\_\_\_

Expected date of receipt: \_\_\_/\_\_\_/\_\_\_

Other (please specify types and amounts of available assets)
..... \$ \_\_\_\_\_
..... \$ \_\_\_\_\_
..... \$ \_\_\_\_\_

Foreseeable expenses:

(Please specify types and amounts of expenses)

Temporary housing ..... \$ \_\_\_\_\_
Permanent relocation..... \$ \_\_\_\_\_
Replacement of household necessities ..... \$ \_\_\_\_\_
..... \$ \_\_\_\_\_
..... \$ \_\_\_\_\_

Financial losses due to this disaster:

- Home Value \$ \_\_\_\_\_ Insured (circle one)? Yes No
Vehicle Value \$ \_\_\_\_\_ Insured (circle one)? Yes No
Personal Property Value \$ \_\_\_\_\_ Insured (circle one)? Yes No

Other Financial Information: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please return the completed application along with the letter 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