

**Clasped Hands Fund Grant Application**

The Clasped Hands Fund provides emergency grants to aid truly needy alumnae – those who find themselves in financial distress due to severe medical, personal, or family problems, natural disasters, or other emergency circumstances. In order to qualify, the applicant must be an alumna member of Alpha Delta Pi in good standing with the sorority. Awards will be made to qualified applicants upon receipt of complete application materials and approval of the application by the Clasped Hands Fund Committee. The amount awarded for each grant will depend on the availability of funds and the need of each recipient. Grants do not need to be repaid; however, recipients must comply with the Foundation’s reporting requirements. Recipients can only receive one grant per fiscal year (August 1 – July 31) and cannot apply more than once with respect to the same circumstance. Applicants must allow 12 months between applications and may receive no more than three grants in their lifetime.

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| **Instructions** |
| * **Applicants should send the following information to:**   Alpha Delta Pi Foundation • 1386 Ponce de Leon Avenue, NE • Atlanta, GA 30306  Fax: (404) 378-5935 • Email: [foundation@alphadeltapi.com](mailto:foundation@alphadeltapi.com)   1. **Complete application** **including all requested financial information**. Application must be signed by the applicant or her authorized representative (see below). 2. **Three letters of reference** must be provided to complete the application:    1. Two from Alpha Delta Pi alumnae    2. One from a doctor, member of the clergy, or similar person who is knowledgeable about the applicant’s need and her reasons for applying for assistance (if the grant request is related to a health condition, a letter from a medical professional must be provided) - recommendations from professional references must be on letterhead  * The Alpha Delta Pi Foundation reserves the right to request additional information. * The applicant’s signature or mark on this application constitutes her agreement to the terms of the grant. If the applicant is unable to complete the application, her legal guardian, attorney or attorney-in-fact may complete it in her place. If none, a caregiver may complete it, but in that case, grants will be paid directly to vendors only. * If the award check is to be sent to an address other than the one listed on the application, please list the address that the check is to be sent to along with the reason for using a different address. * There is no deadline to apply. Complete applications will be reviewed year-round and acted upon in the order they are received. * It is the recipient’s responsibility to consult with a personal tax advisor to determine whether any funds received from the Foundation are taxable. * If there are any questions regarding the application, please contact the Foundation at (404) 378-3164 or [foundation@alphadeltapi.com](mailto:foundation@alphadeltapi.com). |

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|  | | | | | **Clasped Hands Fund Grant Application** | | | | | |
| **Every attempt will be made to hold this information as confidential as possible.** | | | | | | | | | | |
| To apply for a grant, complete and sign this application form. Submit application and required recommendation letters to:  Alpha Delta Pi Foundation • 1386 Ponce de Leon Avenue, NE • Atlanta, GA 30306 Fax: (404) 378-5935 • Email: [foundation@alphadeltapi.com](mailto:foundation@alphadeltapi.com).  **Incomplete applications will not be processed.** | | | | | | | | | | |
| Part 1 – General Information | | | | | | | | | | |
| First Name: | | Maiden Name: | | | Last Name: | | | Spouse: | | |
| Residence Address (Street, City, State, Zip): | | | | | | | | | | |
| Home Phone Number: | | | Cell Phone Number: | | | Work Phone Number: | | | | |
| Email Address: | | | | | | Age: | | | | |
| Occupation: | | | | | | Retired: | Yes | | | No |
| College/University Attended: | | | | | | Chapter: | | | | |
| Year Initiated: | | | Year Graduated: | | | Or Year Left Schoool: | | | | |
| Are you currently employed? | | | Yes | No | |  | | | | |
| If you are not employed, what are your employment prospects? | | | | | | | | | | |
| Marital Status | Single | | Married | Separated | | Divorced | | | Widowed | |
| Number of Children: | | | | Ages: | | | | | | |
| Number Living at Home: | | | | Number In School: | | | | | | |
| Number of Children Working Part-time: | | | | Full Time: | | | | | | |
| Including yourself, number of people you are financially responsible for: | | | | | | | | | | |
| How did you hear about the Clasped Hands Fund? | | | | | | | | | | |

I prefer to receive all communications via mail, rather than email.

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| Please provide a personal statement explaining the circumstances that have led you to apply for this grant and state the amount needed. Although we may not be able to grant the full amount of your request, we ask that you fully disclose the amount of financial need as specifically and thoroughly as possible. All applications are confidential. |

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| Part 2 – Financial Information | | |
| **Monthly Income** | | |
| **When answering, please consider your spouse’s and your income, wages, and assets unless separated or divorced. Please use any institution’s full name.** | | |
|  | SELF: | SPOUSE/ROOMMATE/  SIGNIFICANT OTHER: |
| Wages (Net Income) | $ | $ |
| Social Security | $ | $ |
| Retirement/Pension | $ | $ |
| IRA (Average Monthly Withdrawl) | $ | $ |
| Worker’s Compensation or Disability Payments | $ | $ |
| Unemployment Compensation | $ | $ |
| Average Monthly Income from Investments | $ | $ |
| Income from Annuities | $ | $ |
| Insurance Income | $ | $ |
| Alimony or Spousal Support | $ | $ |
| Child Support from Spouse | $ | $ |
| Aid to Dependent Children | $ | $ |
| Food Stamps | $ | $ |
| Public Assistance | $ | $ |
| Monetary Assistance From: |  |  |
| Parents | $ | $ |
| Children | $ | $ |
| Other Individuals | $ | $ |
| Other Income (Describe) | $ | $ |
| **Total Income** | $ | $ |
| **COMBINED MONTHLY INCOME** | **$** | |

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| **Monthly Expenses** | | |
|  | **SELF:** | **SPOUSE/ROOMMATE/**  **SIGNIFICANT OTHER:** |
| Housing |  |  |
| Rent/Mortgage | $ | $ |
| Homeowners Association Fees | $ | $ |
| Homeowners Insurance | $ | $ |
| Home Maintenance | $ | $ |
| Groceries/Food | $ | $ |
| Utilities (Gas, Electricity, Water, etc.) | $ | $ |
| Cable | $ | $ |
| Telephone (Home and Cell) | $ | $ |
| Medical Care (Not Covered by Insurance) | $ | $ |
| Automobile | $ | $ |
| Gasoline/Maintenance | $ | $ |
| Auto Insurance | $ | $ |
| Loan Payments | $ | $ |
| Public Transit Costs | $ | $ |
| Insurance |  |  |
| Life | $ | $ |
| Health | $ | $ |
| Personal Property | $ | $ |
| Other | $ | $ |
| Child Care | $ | $ |
| Elder Care | $ | $ |
| Credit Card Payments (minimum monthly) | $ | $ |
| Student Loan Payments (minimum monthly) | $ | $ |
| Other Loan/Debt Payment (minimum monthly) | $ | $ |
| Clothing | $ | $ |
| Other (Describe) | $ | $ |
| Total Monthly Expenses | $ | $ |
| **COMBINED MONTHLY EXPENSES** | **$** | **$** |

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| **Value of Assets** | | | | |
| Itemize and identify current balances in all bank or savings accounts, credit lines, brokerage accounts, 401Ks, IRAs, CDs, etc. | | | **SELF:** | **SPOUSE/ROOMMATE/**  **SIGNIFICANT OTHER:** |
| 1. |  | | $ |  |
| 2. |  | | $ |  |
| 3. |  | | $ |  |
| 4. |  | | $ |  |
| 5. |  | | $ |  |
| 6. |  | | $ |  |
|  | | | | |
| **Real Estate** | | | | |
| Fair market value of your residence | | | $ | |
| List balance of any mortgages | | | $ | |
| Fair market value of any other real estate | | | $ | |
| List balance of any mortgages | | | $ | |
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| If you expect receipt of any lump sum money within the next year, such as inheritance, liability settlement, prize money, honorarium, royalties, donations, etc., please state source and amount. | | | **SELF:** | **SPOUSE/ROOMMATE/**  **SIGNIFICANT OTHER:** |
| 1. |  | | $ | $ |
| 2. |  | | $ | $ |
| 3. |  | | $ | $ |
|  | | | | |
|  | Please note any other financial assets not listed above, including income received from other sources such as GoFundMe, family, church, etc. | | **SELF:** | **SPOUSE/ROOMMATE/**  **SIGNIFICANT OTHER:** |
| 1. |  | | $ | $ |
| 2. |  | | $ | $ |
| 3. |  | | $ | $ |
|  | | | |  |
| **Other Large Bills, Debt, or Arrears** | | | |  |
|  | Please list credit card balances, outstanding medical bills, legal bills, payments that are past due, etc. | | **SELF:** | **SPOUSE/ROOMMATE/**  **SIGNIFICANT OTHER:** |
|  | Description | | Balance | Balance |
| 1. |  | | $ | $ |
| 2. |  | | $ | $ |
| 3. |  | | $ | $ |
| 4. |  | | $ | $ |
| 5. |  | | $ | $ |
| **Other Loans**  Excluding mortgage; please list car loans, student loans, business loans, personal loans, etc. | | | | |
|  | Lending Institution | Maturity Date | Principle Balance |  |
| 1. |  |  | $ | Self  Significant Other |
| 2. |  |  | $ | Self  Significant Other |
| 3. |  |  | $ | Self  Significant Other |
| 4. |  |  | $ | Self  Significant Other |
| 5. |  |  | $ | Self  Significant Other |
| 6. |  |  | $ | Self  Significant Other |
|  | | | | |
| **Other pertinent financial information:** | | | | |
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| **When do you expect normal living expenses can be met without outside aid?** | | | | |
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**I hereby certify and attest that the foregoing, including all financial information is accurate.**

**Signature Date**

Mark if unable to sign

Witnesses: 1.

2.

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| The Alpha Delta Pi Foundation will sometimes feature a grant recipient in communications to strengthen our mission and sustain the Clasped Hands Fund. Would be willing to share your story, if contacted?  Yes  No |