



EMMA HARPER TURNER FUND
ALUMNA GRANT RENEWAL FORM

Date: _____

Name: _____

Address: _____ Email: _____

City/state/zip: _____ Telephone: _____

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

Children: yes no (circle one)

Children at home and ages: _____

GIVE COMPLETE DATA REGARDING REQUEST FOR RENEWAL:

Please include additional needs or new circumstances. A complete current confidential Financial Statement must be submitted by the recipient to the EHT Chairman or may be included with this renewal request.

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

Mari Lou Psihogios Diamond
EHTFundChair@pibetaphi.org
17821 Marylcreek Dr
Lake Oswego, OR 97034-4019

FOR COMMITTEE USE ONLY: Grant Number _____ Amount: _____

APPROVED:
Chairman: _____ Committee Member: _____

Committee Member: _____ Foundation Trustee: _____



**EMMA HARPER TURNER FUND
CONFIDENTIAL FINANCIAL INFORMATION FOR ALUMNAE**

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

Mari Lou Psihogios Diamond
EHTFundChair@pibetaphi.org
17821 Marylcreek Dr
Lake Oswego, OR 97034-4019

If the potential recipient 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

Wages.....	\$	_____
Social Security	\$	_____
Retirement/pension	\$	_____
IRA (average monthly withdrawals).....	\$	_____
Investments.....	\$	_____
Insurance	\$	_____
Alimony and/or child support.....	\$	_____
Unemployment compensation.....	\$	_____
Rental Property	\$	_____
Food stamps	\$	_____
Assistance from relatives/children.....	\$	_____
Public assistance	\$	_____
Other (describe)	\$	_____
Total	\$	_____

Monthly Expenses

Rent/Mortgage	\$	_____
Food.....	\$	_____
Utilities (electricity, gas, water).....	\$	_____
Telephone	\$	_____
Insurance	\$	_____
Medical (not covered by insurance)	\$	_____
Automobile	\$	_____
Credit card payments	\$	_____
Other (describe)	\$	_____
Total	\$	_____

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

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

Other Financial Information:

Statement explaining reason this grant would be of help (Use additional sheet as needed):

Do you expect normal living expenses can be met in the future? If so, when:

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

Signature: _____ Social Security Number: _____

Other (if alumna is unable to complete form):
