



**EMMA HARPER TURNER FUND  
COLLEGIAN GRANT APPLICATION**

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

**Instructions:** The applicant shall complete the application and enclosed confidential Financial Information Form. The collegian shall complete the application herself. 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 your Collegiate Regional Financial Specialist. 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.

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

Name (first, middle, last): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Class year in school (check one)  Freshman  Sophomore  Junior  Senior

College/university attending: \_\_\_\_\_

Major: \_\_\_\_\_ Hours enrolled: \_\_\_\_\_

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

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

Mother's full name: \_\_\_\_\_ Income: \_\_\_\_\_

Father's full name: \_\_\_\_\_ Income: \_\_\_\_\_

Do you have siblings attending college who will receive financial assistance from your parents?

Yes  No

If yes, indicate how many and class/es in college (e.g. Freshman, etc.) \_\_\_\_\_

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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 sheet as needed)



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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: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Chapter & Year  
of Initiation: \_\_\_\_\_

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**Collegiate Regional Financial Specialist Approval:**

I am not aware of any reason or circumstance that would prevent the Foundation from considering this application.

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

Additional information:

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

Missy Ingham Pixton  
12006 Sawhill Blvd  
Spotsylvania, VA 22553-3667

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**FOR COMMITTEE USE ONLY:** Grant Number \_\_\_\_\_ Amount: \_\_\_\_\_

**APPROVED:**

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

Committee Member: \_\_\_\_\_ Foundation Trustee: \_\_\_\_\_



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

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

Missy Ingham Pixton  
12006 Sawhill Blvd  
Spotsylvania, VA 22553-3667

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**ASSETS**

Cash on hand and in banks: .....\$ \_\_\_\_\_  
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. alimony)  
.....\$ \_\_\_\_\_  
.....\$ \_\_\_\_\_  
.....\$ \_\_\_\_\_

**LIABILITIES**

Notes payable .....\$ \_\_\_\_\_  
Rent due .....\$ \_\_\_\_\_  
Taxes dues .....\$ \_\_\_\_\_  
Other liabilities (please specify types and amounts, e.g. credit cards)  
.....\$ \_\_\_\_\_  
.....\$ \_\_\_\_\_  
.....\$ \_\_\_\_\_

### Budget Information

#### Expected resources per academic year

Personal contribution (from work):

\$ \_\_\_\_\_

Personal contribution (from savings):

\$ \_\_\_\_\_

Parent/family/spouse contribution:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Employer-provided educational aid:

\_\_\_\_\_

\_\_\_\_\_

College/University Awards (specify names & amounts)

\_\_\_\_\_

\_\_\_\_\_

Outside Awards:  
(specify names and amounts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loans (specify names and amounts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Resources: \$** \_\_\_\_\_

#### 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: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Emma Harper Turner Fund Collegiate Verification Form

The Pi Beta Phi Foundation through the Emma Harper Turner Fund is pleased to make this grant to you. However, the Foundation must have documentation that verifies your enrollment.

Please complete and return this form along with documentation from your school verifying that you are enrolled for the term for which the grant is made. No funds can be disbursed until the form and documentation are received. Be sure to allow sufficient time for the check to be written and mailed to your school.

Please send form and documentation to:  
Tom Barnes, Finance Director  
Pi Beta Phi Foundation  
1154 Town & Country Commons Drive  
Town & Country, MO 63017

Name \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security/ID# \_\_\_\_\_

Checks will be sent directly to your school. Please indicate the exact school name that should appear on the check. Check should be payable to:

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School address where check should be sent (include exact name of office, e.g., registrar, bursar, etc.):

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\_\_\_\_\_ I have enclosed documentation from my school that shows the status of my enrollment.