



**EMMA HARPER TURNER FUND
COLLEGIAN GRANT APPLICATION**

Eligibility: Applicant must be an initiated 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 and to the EHT Fund Chairman. 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.) _____

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: _____

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:

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 COLLEGIANS**

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

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:

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

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