

EMMA HARPER TURNER FUND COLLEGIAN GRANT APPLICATION

The Emma Harper Turner Fund was established in 1946 to help Pi Beta Phi members who experience extreme financial challenges created by health crisis, significant job loss, natural disaster (use Disaster Relief Application) or other unexpected life circumstances. In order to be considered for Emma Harper Turner Fund assistance, the applicant must be initiated collegian member of the Fraternity who has recently experienced a significant life change that jeopardizes her ability to stay in school.

EHT Collegian Grants are intended to primarily fund educational expenses/tuition. Grant funds will be issued directly to the applicant's college or university. For those instances where collegian grants are for the purpose of addressing significant medical expenses, grant funds will be issued directly to the medical provider or hospital.

RESOURCES: In order to complete this application, you will need the following:

- > **PI PHI INFO –** chapter/initiation date
- FINANCIAL INFO financial information for you and your parents including cash on hand, all income & expenses and outstanding loans
- SPONSOR LETTERS 1. A letter from your Chapter President confirming you are in good standing with the chapter (academically, financially and otherwise). 2. A letter from your chapter's AAC confirming the current financial crisis and need of the applicant.
- **INSTRUCTIONS:** Complete each of the steps listed below and check that they have been completed. If the collegian is unable, due to disability, a family member, close friend, sponsor, guardian or conservator may assist in its completion. If there are any questions in completing this application, please contact the Pi Beta Phi Foundation at (636) 256-1357 or email the EHT Fund Chair at <u>EHTFundChair@pibetaphi.org</u>
 - **STEP 1:** Complete the Application form. Ensure that all fields are filled out as requested including required information of Pi Beta Phi Sponsors
 - **STEP 2:** Complete the Confidential Financial Information form.
 - □ **STEP 3:** Provide a personal letter which explains the life change that causes your need, why it jeopardizes your ability to stay in school, and how an EHT grant would help you in your current situation.
 - **STEP 4:** Obtain Sponsor letters from
 - □ 1. Your Chapter President confirming you are in good standing with the chapter academically, financially and otherwise
 - □ 2. Your chapter's AAC confirming the **current financial crisis and need**.
 - **STEP 5:** Mail or email the completed Application Form, Confidential Financial Information Form, personal letter and two sponsor letters to:

EHT Fund Chair • Pi Beta Phi Foundation • 1154 Town & Country Commons Drive • Town & Country, MO 63017 or Email: <u>EHTFundChair@pibetaphi.org</u>



EMMA HARPER TURNER FUND COLLEGIAN GRANT

APPLICATION FORM							
Name (First, Middle, Last):				Date:			
Permanent Address:		City:		St:	ZIP:		
School Address:			City:		St:	ZIP:	
Cell Phone:	Alt Phone:		Email:	1		Date o	f Birth
Chapter:			1	Year of Initiation:			
Class Year:	ear: College/University Attending:						
Anticipated Graduatic	on Month and Ye	ar:					
Major: Hours En		Hours Enr	colled:		Cum	ulative (GPA:
Parent 1's Full Name:							
Parent 1's Occupation G		Gross Annual Income:					
Parent 2's Full Name:							
Parent 2's Occupation: Gross		Gross Ann	Gross Annual Income:				
Do you have any siblings attending college who receive financial assistance from your parents?							
If yes, indicate how many and class/year (e.g. Freshman, etc.)							

Provide a personal letter of circumstance explaining how this grant would help you in your current situation.

Activities/	Involvement/Work Experience:
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Chapter/Panhellenic Leadership Positions (and the years you held them):

Significant contributions to your Chapter and/or local Panhellenic:

Campus Activities:

Community Activities:

Are you employed during the school year? \Box Yes \Box No

If yes, indicate the Employer, average number of hours worked per week and hourly salary.

Do you plan to work next year? If yes, please describe.

Pi Beta Phi Sponsors:

1.	Chapter President:	
	Email:	Phone:
2.	AAC member:	
	Email:	Phone:
	Chapter:	Initiation Date:



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Date: _____

Name: (first, middle, last)

CONFIDENTIAL FINANCIAL INFORMATION FORM		
Monthly Income	Self:	
Net Wages Full/Part Time Wages (take home)	\$	
Other Income/Family Assistance (Specify Below)	\$	
	\$	
	\$	
	\$	
Total Income:	\$	

Monthly Expenses – if you have a roommate, specify your portion of the	
monthly expenses	Self:
Monthly Rent/Housing:	\$
Utilities:	\$
Meals/Groceries:	\$
Cell Phone:	\$
Entertainment:	\$
Automobile Loan:	\$
Gas:	\$
Other Loans (Specify Below)	\$
	\$
	\$
Total Expenses:	\$

Self:
\$
\$
\$
\$
\$
\$
Self:
\$
\$
\$

Any financial assistance applied for or received from other charital	
sources such as GoFundMe, family, church, etc.	Self:
1.	\$
2.	\$
3.	\$
Did you apply for federal financial aid (FAFSA)? See See See See See See See See See S	
If yes, what was your Expected Family Contribution (EFC)?	
Parent 1	\$
Parent 2	\$
Other (specify)	\$
Total	\$
Other Decourses nor Academic Veer	
Other Resources per Academic Year: Personal Contribution from work:	¢
	\$
Personal Contribution from savings:	\$
Other (specify)	\$
Total	\$
List the scholarships and grants from your University/College or ou	ıtside other
1.	\$
2.	\$
3.	\$
4.	\$
List the source and give the total of educational loans	
1.	\$
2.	\$
3.	
<u> </u>	\$
т.	Ψ
Expected Education Expenses per Academic Year	
Tuition:	\$
Fees:	\$
Books, Instructional Materials:	\$
Other Expenses (list below)	\$
1.	\$
2.	\$
3.	\$
4. Grand Total	\$

Have you applied for an EHT grant in the past? \Box Yes \Box No			
Have you received an EHT grant in the past? \Box Yes \Box No			
If yes, please specify the date, amount, and a brief description of the circumstances of the grant:			
Date: \$			
Description:			

Member's Need: Tuition/Other Assistance - Tota	l Needed \$
Name and Address of the College or University:	
Describe any relationship you have with any of th	
Committee or officers, directors or employees of	the Pi Beta Phi Foundation:
By signing below, I hereby certify that the above is of my financial liabilities and situation. I also give my chapter financial records.	nformation is as accurate as possible a statement e permission to Pi Beta Phi Foundation to access
Applicant Signature:	Date:

If the applicant is unable to complete/sign the application, please provide the following:

Name of individual completing the application:				
Email:	Phone:			
Relationship to the applicant:		Date:		



EMMA HARPER TURNER FUND COLLEGIAN GRANT

FOR COMMITTEE USE ONLY:	Name:	
Grant Number:	Amount:	
APPROVED:		
Committee Member:		
Foundation Trustee:		
Date:		