



Crescent Fund

Grant Application Procedure 2016-17

1. Complete Application – The application form must be fully completed. Partial applications cannot be evaluated and will be returned to the Applicant.
2. Description of Need – Delta Delta Delta Foundation may only make grants to individuals who are in need. A “needy person” is a person who lacks the *necessities* of life, involving physical, mental or emotional well-being, as a result of poverty or temporary distress (including victims of natural disasters and persons who are temporarily not self-sufficient as a result of a sudden and severe personal or family crisis). If a member believes she is in need, she must describe her need and financial situation in detail. Grants may not be made to provide aid to members for recreational or other non-essential activities or items. The Tri Delta Foundation will investigate as necessary to ensure the validity of the application and may require additional documentation for approval. Your situation must meet IRS guidelines and the definition of emergency or hardship resulting from extended illness/injury, disaster or other situation that is beyond your control. (An emergency is defined as “an unexpected event or catastrophe that is non-recurring or an unavoidable situation of a serious and urgent nature.”)

Examples of eligible situations:

- Catastrophic medical event requiring unreimbursed long distance travel to receive medical treatment
- Cost of medical treatment preventing an applicant from receiving care
- Extreme medical costs causing household income to drop below poverty level
- Disaster such as fire, flood, tornado or hurricane
- Domestic Violence

The fund does not provide assistance in the following situations:

- Poor financial management
- Divorce or separation, including child support
- Bankruptcy
- Burglary or theft
- Experimental or international medical treatment

3. Eligibility – Grants may not be made to relatives of Foundation trustees or Crescent Fund Committee members. Grants may be made to relatives of former trustees or committee members if such trustee or committee member left her position at least two (2) years prior to the time an application is submitted by the relative.

4. References – Three reference letters are required. One of these letters must be from a Tri Delta. The member's maiden name and contact information should be included. The other two letters should be from individuals such as a **doctor, attorney** or **member of the clergy**, who are knowledgeable about the applicant's needs and the reason the applicant is applying for assistance. These references should be on letterhead stationery and faxed, scanned or mailed to the address below.

The reference letters may be included with the application or transmitted separately to the Tri Delta Foundation office. Deliberation on the application will not begin until all three letters have been received. The Committee has the discretion to clarify information and/or seek further information from the applicant and references.

5. Mail, Fax or E-mail Form – File the completed application form with the Tri Delta Foundation office who will forward it for consideration to the Crescent Fund Committee

Tri Delta Foundation
14951 North Dallas Parkway, Ste. 500
Addison, TX 75254
Fax: 817-652-0212
E-mail: ljones@trideltaeo.org

Confidentiality

In order to comply with IRS regulations and properly monitor Crescent Fund activities, a confidential file is maintained for each Crescent Fund grant recipient. The file contains grant application materials, a record of action taken regarding the case and a record of grant payments. This file record is always confidential, unless disclosure is required by law or judicial or administrative order.

CRESCENT FUND APPLICATION 2015-16

To: Crescent Fund Committee, Delta Delta Delta Foundation

From: _____ Date: _____

Address:

Phone Number: (____) _____
E-mail _____

Birth Date: _____

I am a member of Delta Delta Delta Fraternity fully familiar with the intent and purpose of the Crescent Fund. The following is a statement of my monthly financial resources, which, to the best of my knowledge, is current and accurate.

Applicant's Resources (per month):

- 1. Wages and Salaries (after taxes deducted): _____
- 2. Pensions/IRA: _____
- 3. Social Security/Retirement Benefits: _____
- 4. Investments (average monthly income): _____
- 5. Food Stamps: _____
- 6. Other Income (i.e. rents, royalties, Social Security or Other Disability, unemployment comp., public assistance, etc.) _____
Please specify:
- 7. Total Income of Spouse from Sources 1 through 6 above: _____
- 8. Alimony, Child Support: _____
- 9. Total Monthly Income of Your Household: _____

Please attach a copy of the first page of your federal income tax return for the most recent tax year to verify your annual income. If you are married but you and your spouse file separate returns, please also attach a copy of the first page of your spouse's return.

Living (Routine) Expenses (per month):

1. Rent or Mortgage: _____

2. Utilities (heat, gas, electric, water): _____

3. Telephone: _____

4. Food and Household Supplies: _____

5. Clothing, Laundry and Cleaning: _____

6. Transportation Expenses (car upkeep, gasoline, car insurance, car payment): _____

7. Medical and Dental (including unreimbursed insurance and prescriptions): _____

8. Monthly Debt Repayments: _____

9. Other Expenses (explain):

10. Extraordinary/Unusual Expenses (explain):

11. Total Monthly Expenses: \$ _____

Detail any credit card or outstanding debts not being repaid:

_____ \$ _____

_____ \$ _____

Other assets (exclusive of your home) such as balance in banks, savings and loan associations, bonds, stocks: \$ _____

Are any of your children or other family members able to provide you with financial assistance?

Date of Initiation: _____ Chapter: _____

School: _____ Offices Held: _____

Are you/have you been a member of an alumnae chapter? _____

Offices Held:

Are you related by blood or marriage to an individual who is currently serving as a Foundation trustee or Crescent Fund committee member? _____

Are you related by blood or marriage to an individual who previously served as a Foundation trustee or Crescent Fund committee member? _____ If so, when did such individual leave her position as a Foundation trustee or Crescent Fund committee member? _____

Marital Status: _____ Number and Ages of Children: _____

Other family members living in household:

Have you received previous Crescent Fund assistance? _____

Attach a separate page detailing your need (as defined in the instructions to the application). Please provide any additional information you feel may be helpful to the committee in evaluating your grant application.

If your need is attributable to medical reasons, please attach a letter from your physician detailing such medical reasons.

Employer: _____ Nature of Work: _____

Amount You Are Requesting: *\$_____

*Grants are issued as a one-time grant to meet an urgent need.

Signed: _____ **Date:** _____