

The purpose of Rose McGill Grants is to provide confidential aid to deserving Kappa Kappa Gamma alumnae who find themselves suddenly and unexpectedly in need. Depending on available funds, this aid is given for care and support during a one-time emergency or for an extended period of time.

Use the checklist below and complete the application. Retain a copy for your records.

- 1. Write a personal letter describing your need in detail. The letter should be specific and also detail past and current Kappa activities (e.g., adviser, alumnae association officer, etc.).
- 2. Provide verification of all income and expenses listed, including Form 1040 from last year's tax return. You may send photocopies of pay stubs, checking/savings account statements, checks, bills, payment books, premium notices, etc., as verification of income and expenses.

Any questions may be directed to the Kappa Kappa Gamma Foundation at 866-KKG-1870 or rosemcgill@kkg.org.

Send all application materials to:

Kappa Kappa Gamma Foundation

6640 Riverside Drive, Suite 200

Dublin, Ohio 43017

866-KKG-1870 (toll free)

614-228-6515

614-228-6303 (fax)

rosemcgill@kkg.org

For Kappa Kappa Gamma Headquarters Use Only

Letter _____ Application received _____

Income verification _____ Approved by _____

Expense verification _____ Financial Assistance Chairman _____

Monthly expenses

Rent/mortgage	\$ _____	Home maintenance	\$ _____
Taxes (other than payroll)	\$ _____	Car maintenance	\$ _____
Car payment	\$ _____	Car insurance	\$ _____
Property insurance	\$ _____	Medical/dental insurance	\$ _____
Gas/electric	\$ _____	Phone/long distance	\$ _____
Cable TV	\$ _____	Computer	\$ _____

Health expenses not covered by insurance

Hospital/nursing home	\$ _____	Doctor/dentist	\$ _____
Home care	\$ _____	Prescriptions	\$ _____

Other

Food	\$ _____	Clothing	\$ _____
Other (list)	\$ _____	Total monthly expenses	\$ _____

Estimated period of time that assistance will be needed

Repeating Length of time: _____ Amount per month: \$ _____

One time One-time gift amount: \$ _____

Have you received financial aid from the Kappa Foundation before? Yes No
 If yes, when? _____ How much? \$ _____

A reference we may contact (preferably local): _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Email: _____ Relationship: _____

Is your reference a member of Kappa Kappa Gamma? Yes No

I agree to report to the Rose McGill Confidential Aid to Alumnae Chairman if my financial circumstances change and/or I no longer need confidential aid. I certify that all information provided in this application is true and complete.

Signature: _____ Date: _____