

ROSE MCGILL ALUMNA CONFIDENTIAL AID

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

Application received Letter

Income verification

Approved by _____

Expense verification Financial Assistance Chairman

Kappa Kappa Gamma

ROSE MCGILL ALUMNA CONFIDENTIAL AID

Name:					
First	Middle		Maiden	I	Ast
Marital status:			Birthday:		
Address:					
City:		State:		ZIP:	
		Email:			
Chapter:		Initiation d	ate:		
Number of persons in household:		Adults:		Children:	
				Ages:	
Monthly source of income					
Gross income	\$			Pension	\$
Net income after taxes	\$ \$			Alimony	
Social Security per month	\$			Insurance	\$
Savings/investment income	\$		Workers' co	ompensation	\$
Assets: balance in bank,				hild support:	
savings and loans, etc.	\$] Parent 🗆 Famil	$v \square$ Friends	\$
Other (specify)	\$			thly income	
Current or most recent em					
City:		State:		ZIP:	
Brief job description:					
Dates of employment:					
Source of debt per year					
Credit card debt \$		Other	debt <u></u> \$		
List credit cards with the amount of debt on each. (Use back if needed.)			π		
				Total debt	\$

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Monthly expenses			
Rent/mortgage	\$	Home maintenan	ice \$
Taxes (other than payroll)		Car maintenan	
Car payment	\$	Car insuran	
Property insurance	\$	Medical/dental insuran	
Gas/electric	\$	Phone/long distan	
Cable TV	\$ \$ \$ \$ \$	Comput	
Health expenses not cov			
Hospital/nursing home	•	Doctor/dent	ist \$
Home care	<u>\$</u>	Prescriptio	
	Ψ	rescriptio	Ψ
Other			
Food	\$	Clothi	ng <u>\$</u>
Other (list)	\$	Total monthly expens	es <u>\$</u>
Estimated period of time	e that assistance will	be needed	
_ *	th of time:		onth: _\$
□ One time		One-time gift amo	ount: _\$
	l aid from the Kappa	Foundation before? Yes [How much? \$	□ No
A reference we may contac	t (preferably local):		
Address:		City:	
State:	ZIP:	Phone:	
Email:		Relationship:	
Is your reference a membe	r of Kappa Kappa Ga		

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: