

As long as funds are available, Rose McGill Undergraduate Emergency Assistance Grants of up to \$1,000 per year are available during the school year to initiated members who face financial emergencies. These grants are confidential. Associate members are not eligible. Recipients must be full-time students and active in the chapter.

Consult with the Chapter Council Adviser and follow the procedures listed below. Retain a copy for your records.

**Monies awarded cannot be used for Kappa dues, Kappa fees, or Kappa social expenses.**

- 1. Write a personal letter describing your need in detail. The letter should be specific about expenses, obligations, campus and Kappa activities, grades, etc., and should list all sources and amounts of financing available to you, including financial aid from your school.
- 2. Ask the Chapter Council Adviser or the Finance Adviser to send Kappa Kappa Gamma Headquarters a letter of recommendation that verifies your need, chapter activities, and good standing in the chapter.
- 3. Ask a parent, faculty member, or school counselor to send Kappa Headquarters a letter that confirms the financing available to you and the financial emergency you are experiencing.

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

Name: \_\_\_\_\_  
                     *First*                    *Middle*                    *Maiden*                    *Last*

Freshman     Sophomore     Junior     Senior    Marital status: \_\_\_\_\_

Current school address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Birthday: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter: \_\_\_\_\_ Initiation date: \_\_\_\_\_

**Family Information**

Check if living:  Mother  Father  Stepmother  Stepfather

Parents are:  Married  Divorced  Separated

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's job title: \_\_\_\_\_ Mother's job title: \_\_\_\_\_

Ages of siblings: \_\_\_\_\_ Dependents: \_\_\_\_\_

List any siblings attending college next year. \_\_\_\_\_

Who is responsible for your college expenses? \_\_\_\_\_

**University/College Information**

Tuition cost per term: \$ \_\_\_\_\_ Room and board cost: \$ \_\_\_\_\_

Do you work part time?  Yes  No Expected annual earnings: \$ \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Degree working toward: \_\_\_\_\_

Chapter offices and chapter committees: \_\_\_\_\_

Campus activities: \_\_\_\_\_

**Other Information**

Have you received financial aid from the Foundation before?  Yes  No

If yes, when? \_\_\_\_\_ How much? \$ \_\_\_\_\_

What other financial aid or awards have you received previously? Please list and provide dates.

\_\_\_\_\_  
\_\_\_\_\_

Are you seeking or presently receiving assistance or support from any other source? (e.g., school, social services, career, government, vocational or financial assistance, etc.)?  Yes  No

A reference we may contact (preferably local): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I agree to report to the Financial Assistance Chairman if my financial circumstances change and/or I no longer need the grant. I authorize the Kappa Kappa Gamma Foundation to verify this information with any source. I certify that all information provided in this application is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_