

**Abigail Davis Emergency Grant Application**

The purpose of the Abigail Davis Emergency Grant Fund is to provide ***one-time*** emergency grants, subject to the availability of funds, to initiated undergraduate members of Alpha Delta Pi in good standing ***who would otherwise be forced to withdraw from school*.** Grants of no more than $3,500 will be given in one payment to qualified applicants upon receipt of ***complete*** application materials, approval by the Abigail Davis Grant Committee and ratification by the Board of Trustees. Grants are not repayable; however, recipients must comply with the Foundation’s reporting requirements for the term of the award.

Current Foundation scholarship recipients are not eligible to apply for Abigail Davis Emergency Grants; however, Abigail Davis Emergency Grant recipients may apply for Foundation scholarships to be awarded after the term of the Abigail Davis Grant, subject to the normal requirements for each Foundation scholarship.

**Restrictions and Tax Reform Act of 1986**

All awards are restricted to use for tuition, fees and books. Foundation funds may not be used for room and board or sorority dues. In addition, the Tax Reform Act of 1986 provides that in some circumstances, scholarships awarded after August 1986 may be taxable, in whole or in part, to the recipient. It is the recipient’s responsibility to consult with her personal tax advisor to determine whether any or all of a grant received from the Foundation is taxable.

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| **Instructions** |
| * **Applicants should send the following information to:**

Alpha Delta Pi Foundation • 1386 Ponce de Leon Avenue, NE • Atlanta, GA 30306Fax: (404) 378-5935 • Email: foundation@alphadeltapi.com 1. Signed and dated acceptance of terms and conditions.
2. Complete typed application form, including essay.
3. Copy of **official** college transcript.
4. Financial statement completed and signed by a financial aid officer and the applicant
5. Copy of most recent tuition bill or student account statement.
6. **Two letters of recommendation** specifically addressing the applicant’s need for an emergency grant from the following:
	1. One from an alumna member of the applicant’s Chapter Advisory Board
	2. One from a faculty member of the applicant’s institution who has instructed the applicant in a classroom setting
7. Signed form from Collegiate Province Director or District Team Director
* There is no deadline to apply. Complete applications will be reviewed and acted upon as they are received. Only complete applications will be considered. Any application that is not complete after six weeks will be disqualified. Foundation staff will not contact applicants concerning missing portions of the application but will respond to inquiries from applicants who want to verify receipt of application materials. **It is the applicant’s responsibility to obtain all required materials and recommendation letters**.
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| **Terms and Conditions** |
|  Applicants must carefully read the following terms and conditions and indicate their acceptance of them in order to qualify for an Abigail Davis Emergency Grant. This is a legal requirement that must be fulfilled before funds can be disbursed.1. **This grant is restricted to use for tuition, fees and books. Grants cannot be used for sorority dues or personal expenses.**
2. **If you do not register for your course of study for the period of time covered by the grant, you agree to refund the full amount of the grant to the Foundation. If you withdraw from your course of study during the period covered by the grant, you agree to make a refund to the Foundation for the amount of time covered by the grant in which you do not actually pursue your undergraduate studies.**
3. **You agree to send a copy of your grades to the Foundation office within six weeks of the end of each grading period during the term of the grant.**
4. **The Tax Reform Act of 1986 provides that in some circumstances scholarships and grants awarded after August 1986, may be taxable, in whole or in part, to the recipient. It is the responsibility of each recipient to consult with her personal tax advisor to determine whether any or all of a Foundation grant is taxable.**
5. **You agree that if you do not receive this grant, you will be forced to withdraw from school or that your status as a full-time student will be jeopardized**
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Accepted:

*Signature Date*

Make Check Payable To:

 *College or University Name*

Mail Check To:

 *College or University Address*

***Abigail Davis Emergency Grant Checks cannot be issued to or mailed to individuals.***

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|  | **Abigail Davis Emergency Grant Application** |
| GENERAL INFORMATION |
| University ID#: | Birth Date: |
| First Name: | Middle Name:  | Last Name: | Maiden Name (if applicable): |
| Campus Address (Street, City, State, Zip): |
| Permanent Address (Street, City, State, Zip): |
| Home Phone Number: | Cell Phone Number: |
| Email Address: |
| College/University Attending: |
| Collegiate Chapter Name: | Number of Members in Collegiate Chapter: |
| Initiation Date: | Current Classification:[ ]  Freshman [ ]  Sophomore[ ]  Junior [ ]  Senior [ ]  Other | Number of Hours Taken: |
| Proposed Major: | Current Semester Hours: |
| Number of Hours Completed: | GPA: | A =  |
| Degree Sought: |
| Projected Date of Graduation: |
| Amount Requested ($3,500 Max.): | If Approved, Date Funds Needed: |

[ ]  I prefer to receive all communications via mail, rather than email.

*Additional information may be attached.*

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| Career/Professional Objective: |
| Academic and Professional Honors: |
| Other Honors Received: |
| Scholarships, Grants, and Loans Received: |

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| ACTIVITIES AND EXPERIENCE |
| Alpha Delta Pi Offices and Chairmanships Held (give year): |
| Alpha Delta Pi Activities and Committees (give year): |
| Campus Activities: |
| Community Activities: |
| Work Experience (date each experience and indicate whether it was a position held during the summer or academic year):Are you currently employed? [ ]  Yes [ ]  NoIf yes, what position do you hold? Do you plan to work next year?If yes, what will be your position? |
| In the space provided below, explain why this Foundation grant is an emergency need. Please be specific and thorough as all applications are confidential and will only be read by the Abigail Davis Emergency Grant Committee. |

**I hereby certify and attest that the foregoing information is accurate.**

**Signature Date**

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| The Alpha Delta Pi Foundation will sometimes feature a grant recipient in communications to strengthen our mission and sustain the Abigail Davis Emergency Grant program. Would be willing to share your story, if contacted? [ ]  Yes [ ]  No |

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| FINANCIAL STATEMENT |
| **This section must be completed by a Financial Aid Officer. Failure to provide all information requested will disqualify your application. A signed official financial aid statement from the college or university may also be accepted in lieu of this section.** |
| List names and give total value of scholarships and grants **from your college or university** | $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| List names and give total value of scholarships and grants **from other sources** | $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| List source and give total value of **educational loans** | $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| **TOTAL SCHOLARSHIPS, GRANTS & LOANS** | **$** |
|  |  |
| **Educational Expenses** |
| Tuition | $ |
| Fees | $ |
| Books | $ |
| Supplies | $ |
| **TOTAL EDUCATIONAL EXPENSES** | **$** |
|  |  |
| **TOTAL EDUCATIONAL EXPENSES LESS TOTAL SCHOLARSHIPS, GRANTS & LOANS** | **$** |

Signed:

*Financial Aid Officer Date*

Signed:

*Applicant Date*

**Note to applicant: You must also submit a copy of your most recent tuition bill or student account statement.**



Date:

Applicant’s Name:

I have had the opportunity to review the attached application, have made any necessary inquiries and, based upon the information provided, I believe that this candidate meets the criteria of the Abigail Davis Emergency Grant for short-term assistance to ensure she can continue pursuing her degree as an undergraduate member of Alpha Delta Pi.

Name:

Province or District Team Position:

Phone Number:

Email Address:

Signature:

Additional Comments/Concerns: