

**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 30306  Fax: (404) 378-5935 • Email: [foundation@alphadeltapi.com](mailto: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. All requested financial information, including the following documents:    1. Proof of Accepted Financial Aid    2. Official Cost of Attendance    3. Student Aid Report (SAR) 5. **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 6. 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. The period of time covered by the grant will be determined by how the college or university applies the grant.** 2. **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.** 3. **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.** 4. **If your Alpha Delta Pi membership is canceled during the period of time 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 were no longer a member of Alpha Delta Pi.** 5. **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.** 6. **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.** |

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: |

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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  No  If yes, what position do you hold?    Do you plan to work next year?  If yes, what will be your position? |

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| 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 INFORMATION | |
| Parent(s) and/or Guardian(s) name(s): | |
| Combined Family Pre-Tax Income from Last Year’s Tax Returns:  $ | # of Family Members in College: |

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| **Projected Financial Sources for Current Year:** | |
| A. Scholarships | $ |
| B. Federal Loans | $ |
| C. Private Loans | $ |
| D. Parent Loans | $ |
| E. Parent and/or Spouse Contribution(s) | $ |
| F. Your earnings during the summer | $ |
| G. Your earnings during the school year | $ |
| H. Additional Aid  Please describe: | $ |
| **TOTAL A-H** | **$** |

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| **Projected Expenses Per Year (not including summer school):** | |
| A. Tuition | $ |
| B. School Fees | $ |
| C. Textbooks and Educational Supplies | $ |
| D. Room and Board\* | $ |
| E. Other  Please describe: | $ |
| **TOTAL A-E** | $ |

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| **Loan Information** | |
| Outstanding Federal Loans | $ |
| Outstanding Private Loans | $ |
| Outstanding Parent Loans | $ |

\*Please include all expenses related to Room and Board, including but not limited to rent, utilities, groceries and food, cleaning supplies, etc. If you live in Alpha Delta Pi housing or facilities, do **not** include your Alpha Delta Pi dues in your Room and Board expenses.

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| FINANCIAL INFORMATION |

**You are also required to include the following documents with your application:**

1. **Proof of Accepted Financial Aid:** A screenshot or letter showing you have ACCEPTED your college/university financial aid. This document should include a list of all scholarships, grants, loans, and other awards and proof they have been accepted or credited toward your account for the current academic year.
2. **Official Cost of Attendance:** A screenshot or letter showing your college or university’s official cost of attendance. This document should outline the comprehensive cost for attending your college/university for the current academic year. This document can usually be found on your college or university’s financial aid website or by contacting your financial aid office. It could also be called a COA, estimated cost, estimated financial aid budget, etc. ***This is not a screenshot of your college/university bill.***
3. **Student Aid Report (SAR):** Please include your SAR which can be accessed through your FAFSA online profile on your “Student Aid Report” for the current academic year.

If you have an FSA ID:

Go to FAFSA.gov

Click “login” button and enter your FSA ID. Only you, the student, should know or use your FSA ID.

Select “view” or “print” your Student Aid Report (SAR) from the “My FAFSA” Page to either print or save to include this document with your application.

**All letters and/or screenshots must include your FULL NAME and the CURRENT ACADEMIC YEAR to be considered for an award.**

**ANY DOCUMENTS THAT DO NOT INCLUDE THIS INFORMATION WILL MAKE YOUR APPLICATION INELIGIBLE.**

**If you are an international student attending college in the United States or a student attending college outside of the United States, please email Foundation@alphadeltapi.com to complete this section of the application.**



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: