Income and expenses need to be verified to redetermine your need for a Rose McGill Grant. Use the checklist below and complete the application. Retain a copy for your records.

|  |  |
| --- | --- |
| ☐ | 1. Write a personal letter describing your need in detail.
 |
| ☐ | 1. 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 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |       |  |       |  |       |  |       |
|  | *First* |  | *Middle* |  | *Maiden* |  | *Last* |
|  |  |  |  |  |
| Marital status: |       | Birthday: |       |
|  |  |  |  |
| Address: |       |
|  |  |
| City: |       |  | State: |       |  | ZIP: |       |
|  |  |  |  |  |  |  |  |
| Phone: |       |  | Email: |       |
|  |  |  |  |  |
| Chapter: |       |  | Initiation date: |       |  |
|  |  |  |  |  |  |
| 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’ compensation | $      |
| Assets: balance in bank, savings and loans, etc. | $      | Child support☐ Parent ☐ Family ☐ Friends | $      |
| Other (specify) | $      | **Total monthly income** | **$** |
|  |  |  |  |
| **Current or most recent employer** |  |

|  |  |
| --- | --- |
| Address: |       |
|  |  |
| City: |       |  | State: |       |  | ZIP: |       |
|  |  |  |  |  |  |  |  |
| Brief job description:  |       |
|  |
|  |  |
| Dates of employment: |       |
|  |  |
| **Source of debt per year**  |  |
| Credit card debt | $      | Other debt | $      |
| List credit cards with the amount of debt on each. (Use back if needed.) |       |
|  |       |
|  |       |
|  |       |
|  |  |  |
|  | **Total debt** | **$** |
| **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 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: |  |