



Orchid Relief Grant Application

Applicant Information:

Applicant First Name: _____

Preferred Name: _____

Applicant Last Name: _____

Applicant Maiden Name: _____

Date: _____

Email Address: _____

Primary Telephone: _____

Permanent Address: _____

(if temporary, please indicate why) _____

Chapter of Initiation/School: _____

Year of Initiation: _____

Month, Year of Expected Graduation: _____

Major: _____

Minor: _____

GPA: _____

Grant Request:

All attached documentation must be clearly marked as to what information it contains (i.e. Budget, Expenses, Furlough Letter) and must be listed by file name and category.

Requested amount: _____

How would the grant be used to support your educational needs?

Please list the specific expenses you are requesting funding for, including a total (e.g. Replacement of blown out tire \$99, Wifi \$100, Academic Books \$250: Total \$449).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

Have you exhausted all possible sources of financial support if the Foundation is not able to meet some or all of your grant request? **Yes** or **No** (*circle one*)

Personal Statement - How has your financial situation been impacted by COVID-19. Please outline your need for emergency funds and include a description of your parental/family involvement and financial support.

Please indicate housing situation during the term of application: _____

Are you currently unemployed or have reduced hours due to the COVID-19 response?
Yes or **No** (*circle one*)

If yes, how many hours did you work per week on average? _____

Provide your EFC score found on your Free Application for Federal Student Aid (FAFSA) profile: _____. If you do not have a FAFSA, please detail why you did not file one:_____

Personal Budget - Please attach a monthly budget to include a detailed explanation of your income and expenses, including:

- Salary
- Wages and tips
- Savings
- Assistance from relatives
- Loan amount to date
- Sorority Dues
- Tuition
- Mortgage/rent/room & board
- Books and supplies
- Food
- Utilities to include:
electricity/gas/water, phone,
- Insurance to include:
medical/automobile/renters,
loans
- And any other relevant income or expenses

Grant funds are restricted to support Phi Sigma Rho members only and cannot be used to support a member's family. Do not include family needs in your breakdown of how funds would be utilized.

Other Attachments:

Attach the following items to your application:

1. Personal Budget as described above
2. Most recent transcripts (unofficial okay) - show proof of enrollment for Winter/Spring 2020 or the upcoming Summer 2020 term
3. Please upload any documentation of hardship or loss caused by the COVID-19 crisis including loss of income due to layoff/closing of business/forced relocation, additional travel expenses due to campus or student housing closing, or additional expenses to support remote classwork/participation.
4. Please upload any other information you would like the Foundation to know in consideration of your application.

Terms & Conditions

By submitting this grant application, I hereby certify that all information submitted on this application is true, accurate, and complete to the best of my knowledge. I understand any false statements made herein will void this application and I will be ineligible for a grant from the Phi Sigma Rho Foundation.

By indicating “yes” below, I understand that I must comply with the Phi Sigma Rho Foundation’s reporting, including submitting receipts and use of funds within the indicated timeframe, should I be awarded a grant.

Please circle if you are comfortable with us sharing your story and a picture. This will strengthen our mission and sustain the emergency grant program to help other Phi Rhos in need. Yes or No (*circle one*)

SUBMITTED BY

By_____

Signature_____

Date_____

STATUS

Phi Sigma Rho Foundation

P.O. Box 7021, Westchester, IL 60154

___ Approved

___ Denied

___ Requiring further

Legal Counsel

By_____

Title_____

Date_____

You must have legal ability to sign documents for your organization