



Leona Hughes Hughes Heart and Hand Fund Personal Emergency Application

Instructions

The Leona Hughes Hughes Heart and Hand Fund provides emergency grants for collegiate and alumnae members of Phi Mu Fraternity who are in good standing and who experience financial emergencies due to natural disasters, medical situations or other severe personal or family issues. Grants do not need to be repaid; however, recipients must comply with the Foundation's reporting requirements as based on Internal Revenue Service guidelines. Recipients may receive only one grant per calendar year. All applications are confidential.

In order for Phi Mu Foundation to maintain its tax-exempt status under the Internal Revenue Code, grants are provided to assist members with *basic necessities such as food, clothing, housing, or extraordinary medical care not covered by insurance*. Tuition assistance is provided through emergency scholarships available from the Foundation, although in some circumstances, education expenses, books and supplies may be eligible for assistance. National and Chapter Phi Mu Fraternity dues, obligations or social fees, and university Panhellenic fees are not eligible expenses.

Grant applications are evaluated by the Leona Hughes Hughes Heart and Hand Fund Committee, with the Phi Mu Foundation Board of Directors making final grant decisions. Applicants are accepted and evaluated on a continuous basis and applicants are **not** identified during the evaluation process. Grant amounts are based upon funds available.

All applicants must complete the appropriate application and sign the certification statement. This application is used for a request for a grant for situations other than a natural disaster. If your grant request is due to a natural disaster, please select that application from the Phi Mu Foundation website.

As a part of the application, applicants must submit two letters of support, one from a member in good standing of Phi Mu Fraternity and one from a community or caring professional who can attest to the facts presented in this application. The letters of support should be emailed directly from the individuals who wrote them to the Senior Director, Strategic Communications Jessi Horne at jhorne@phimu.org

The completed, signed application can be emailed to Senior Director, Strategic Communications Jessi Horne at jhorne@phimu.org. Please put “Emergency Assistance Application” in the subject line.

Questions regarding application procedures should be directed to the Phi Mu Foundation office at 770-632-2090.

Upon grant approval, the recipient should consult with a tax advisor to determine whether any funds received from the Foundation are taxable as income.

Please explain the circumstances for any listed dependent over the age of 21:

Part II: Education and Phi Mu Information

College(s)/University(ies) Attended and Degrees Awarded:

- 1. _____
- 2. _____
- 3. _____

Chapter/University: _____ Year Initiated: _____

If a collegian, describe your chapter involvement (offices held, committees, etc.):

If an alumna, describe your Phi Mu involvement since graduating (alumnae chapter membership, Phi Mu Foundation membership, advisory council service, area or national officer, etc.):

Part III: Grant Request

A. I am requesting a grant in the amount of _____ for the following:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____
- 7. _____ \$ _____
- 8. _____ \$ _____
- 9. _____ \$ _____
- 10. _____ \$ _____

(Additional expenses may be added as necessary) Total \$ _____

B. Please provide a personal statement describing the circumstances of emergency you have experienced and the proposed use of any funds received through this grant. You may add pages as necessary. Please be specific.

Part IV: Personal Financial Statement (this information is required to follow Internal Revenue Service guidelines for 501(c)(3) organizations)

A. Monthly Income and Expenses

Monthly Income (Must include spouse's income unless separated or divorced):

Wages	\$_____
Social Security	\$_____
Retirement/Pension	\$_____
IRA (Average Monthly Withdrawal)	\$_____
Worker's Compensation or Disability Payments	\$_____
Unemployment Compensation	\$_____
Average Monthly Income from Investments	\$_____
Income from Annuities	\$_____
Insurance Income	\$_____
Alimony or Spousal Support	\$_____
Child Support from Spouse	\$_____
Aid to Dependent Children	\$_____
Food Stamps	\$_____
Public Assistance	\$_____
Monetary Assistance From:	
Parents	\$_____
Children	\$_____
Other Relatives	\$_____
Other Income (Describe) _____	\$_____
Total Monthly Income	\$_____

Monthly Expenses

Rent/Mortgage (including insurance/property taxes)	\$_____
Home Maintenance	\$_____
Groceries/Food	\$_____
Utilities (Gas, Electricity, Water, etc.)	\$_____
Cable	\$_____
Telephone (Home and Cell)	\$_____
Uninsured Medical Expenses	\$_____
Automobile Payment	\$_____
Gasoline/Maintenance	\$_____
Auto Insurance	\$_____
Loan payments	\$_____
Public Transit Costs	\$_____
Insurance:	
Life	\$_____
Medical/Health	\$_____
Personal property	\$_____
Other Insurance	\$_____
Child Care	\$_____
Elder Care	\$_____

Credit Card Payments	\$ _____
Student Loan Payments	\$ _____
Other Loan/Debt Payment	\$ _____
Clothing	\$ _____
Other (Describe)	\$ _____
Total Monthly Expenses	\$ _____

B. Value of Assets

Itemize and identify current balances in all bank or savings accounts, credit lines, brokerage accounts, 401Ks, IRAs, CDs, etc.

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Real Estate:

Fair market value of your residence	\$ _____
List balance of any mortgages	\$ _____
Fair market value of any other real estate	\$ _____
List balance of any mortgages	\$ _____

If you expect receipt of any lump sum of money within the next year, such as inheritance, liability settlement, insurance proceeds, prize money, honorarium, royalties, donations, government lump sum assistance, monetary assistance from charitable organizations, etc., please state source and amount.

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

C. Financial Obligations/Outstanding Bills/Loans/Other Financial Liabilities

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

D. Other Pertinent Financial Information

E. When do you expect normal living expenses can be met without outside aid?

Part V: Letters of Support

You are responsible for obtaining two letters of recommendation in support of this application: one from a Phi Mu member in good standing and one from a community member or caring professional who can attest to the facts presented in this application. Please have the persons providing these recommendations send them to the address listed on the instruction page of this application. We are requesting the contact information should any questions arise.

Please list the contact information for the persons providing the letter of recommendation for this application:

1. Name: _____

Telephone: _____ Email: _____

Address: _____

2. Name: _____

Telephone: _____ Email: _____

Address: _____

Part VI: Certification and Signature

I hereby certify and attest that the foregoing, including all financial information, is accurate. I understand and agree to provide further documentation as requested, which may include copies of bank and investment statements, documents to verify financial assertion, or income tax statements.

(If the applicant is unable to complete this form, her legal guardian with power of attorney may complete the application and sign below. A copy of the power of attorney *must* be attached to this application.) I further agree that, should I be selected for a grant, to use the funds for the purposes listed or approved only. Any unauthorized use of the funds may subject me to collection action.

Signature _____ **Date** _____