



Empowerment Fund Application

Instructions

The Empowerment Fund provides emergency grants for collegiate and alumnae members of Phi Mu Fraternity who are in good standing and who have experienced interpersonal violence. Grants do not need to be repaid; however, recipients must comply with the Foundation's reporting requirements based on Internal Revenue Service guidelines. Recipients may receive only one grant from this fund in their lifetime. All applications are confidential.

The intent of this fund is to provide financial support to Phi Mu members who have lived experience with interpersonal violence, including but not limited to, intimate partner violence and/or abuse, domestic violence and/or abuse, sexual violence and/or abuse, child abuse, stalking and human trafficking.

In this regard, the Fund could be used to:

- Cover educational activities related to interpersonal violence, including prevention.
- Provide financial assistance to members with immediate needs related to situations of interpersonal violence, e.g., assistance with shelter, food, clothing, medical needs, legal expenses and other expenses related to addressing the current needs and circumstances. This support would be related to both: (i) promoting the health of these women in getting them to safety and tending to their basic needs and also (ii) caring for the distressed. Given the nature of these situations, such support will be provided without requiring a demonstration of financial need.
- Provide financial support to cover counseling and other recovery services for those who do not have immediate needs as described above but are now recovering from an experience of interpersonal violence. To be eligible for this support, members generally must demonstrate financial need.

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 Member Assistance Committee, with the Phi Mu Foundation Board of Directors making final grant decisions. Applications 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 applications should be submitted to Jessi Horne at jhorne@phimufoundation.org.**

I. General Information

Name:

First	Maiden	Last
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Residence Address:

Number	Street	Apt.#
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City	State	Zip Code
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Contact Numbers:

Home	Cell	Work
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Date of Birth _____ Email _____

Phi Mu Chapter/University: _____ Year Initiated: _____

Marital Status: Single Married Separated Divorced Widowed

Are you insured against loss/illness? Yes No

Dependents:

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

II. 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 \$ _____

If you are requesting assistance with shelter, food, clothing, medical needs, legal expenses, counseling and other expenses related to addressing the current needs and circumstances of interpersonal violence, you may skip the financial need section below. However, with legal services related to an emergency experience of interpersonal violence you must include information about the purpose of the related legal expense in your personal statement in section F.

If you are requesting financial support to cover counseling or other recovery services related to an experience of interpersonal violence, please fill out the financial need section below.

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

C. Monthly Income and Expenses

Monthly Income:

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	\$_____

D. 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. _____	\$ _____

Financial Obligations/Outstanding Bills/Loans/Other Financial Liabilities

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

E. Other Pertinent Financial Information

F. Please provide a personal statement describing your need and the proposed use of any funds received through this grant. If you are requesting legal expenses, please detail the purpose. You may add pages as necessary.

Please direct all questions about this application process to:

Jessi Horne

Senior Director, Strategic Communications

jhorne@phimufoundation.org