



Theta Phi Alpha Relief Fund

Purpose

The Theta Phi Alpha Relief Fund (“Fund”) provides short-term assistance to student and alumnae members of Theta Phi Alpha who find themselves in financial distress due to the occurrence of a Presidentially-declared major disaster or emergency under Section 401 of the Stafford Act.

Program Description

Applications for grants are due on or before the six-month anniversary of the date of the Presidential declaration. Grants available from this program are restricted in their use for: basic necessities such as food, clothing, fees, temporary housing, immediate medical care, funeral services, tuition, books, and other critical needs arising directly out of the disaster or emergency. Grant funds used for purposes contemplated in the approval process do not need to be repaid; however, recipients must comply with the Fund’s reporting requirements.

The amount and number of grants made by the Foundation will depend upon the availability of funds and the needs of each applicant. The maximum amount that may be granted to any individual in connection with any one disaster is \$500. Upon receipt of complete application materials, the Theta Phi Alpha Relief Fund Committee (“Committee”) reviews the applications and may award grants to qualified applicants. Grants will be paid in a single check upon final approval by the Committee. In the event an application is denied, a denial letter setting forth the reason for the denial shall be sent to the applicant at the address shown on the application.

Upon acceptance of the grant funds, a recipient agrees to provide an accounting of the use of the grant funds within a reasonable time. The accounting shall include a submission of information on insurance proceeds and receipts where appropriate with a requirement for return of any funds not spent in a manner consistent with the purpose of the Fund.



Theta Phi Alpha Relief Fund Grant Application

To apply for a Theta Phi Alpha Relief Fund Grant, complete and sign this form and send it accompanied by the Financial Information Form and a letter from a member of Theta Phi Alpha (other than yourself) verifying your needs, to the address at the bottom of this application form.

Name (first and last): _____

Address: _____

Phone: _____ E-Mail: _____

Chapter and Year of Initiation: _____

Date of Birth: _____

Marital Status: Single Married

Number of Children: ___ Number Living at Home: ___ Ages: _____

Disaster Causing Loss(es): _____

Description of needs arising from the disaster: _____

Amount of assistance needed: \$ _____

Intended use of the grant: _____

Describe any relationship you have with any of the members of the Theta Phi Alpha Relief Fund Committee or officers, directors or employees of the Theta Phi Alpha Foundation: _____

Complete the attached Financial Information Form AND a letter from a member of Theta Phi Alpha verifying the financial need.

By signing this application, the applicant certifies that the information contained herein and on the Financial Information Form attached, is true, correct and complete to the best of applicant's knowledge.

_____/_____/20____

Signature of Applicant & Date

Please return the completed application to:

Theta Phi Alpha Foundation • 27025 Knickerbocker Road • Bay Village, OH 44140
philanthropy@thetaphialphafoundation.org • 440-899-9282 phone • 440-899-9293 fax



Financial Information Form

Applicant Name: _____

Cash on hand and otherwise available \$ _____

Insurance benefits received or expected to be received \$ _____

Other
(please specify types and amounts of available assets)

\$ _____
\$ _____
\$ _____

Foreseeable expenses:
(please specify types and amounts of expenses)

\$ _____
\$ _____
\$ _____

Other Financial Information:

