

# GAMMA PHI BETA FOUNDATION

## Alumnae Grant-in-Aid Application



12737 East Euclid Drive  
Centennial, Colorado 80111  
Office: 303-799-1874 ext. 342 Fax: 303-799-1876  
[foundation@gammaphibeta.org](mailto:foundation@gammaphibeta.org)



**Gamma Phi Beta Foundation**

**Application for Grant-in-Aid**

*Please type or print black ink*

**Awarded to alumnae experiencing an unforeseen financial crisis or sudden serious challenge impairing their educational goals. Preference will be given to those wishing to further their education or be trained for a career change. Member must be in good standing (having paid International dues and/or made a contribution to the Gamma Phi Beta Foundation for the current year) and financially needy. Applications are accepted at any time of the year.**

If you feel that you meet these qualifications, please send this application plus two letters from individuals who can testify to your need (one from a Gamma Phi Beta alumna) to: Gamma Phi Beta Foundation, International Headquarters, Attn: Financial Aid Committee, 12737 East Euclid Drive, Centennial, Colorado 80111-6445.

\* All of the documents must be received by the Foundation Financial Aid Committee for the request to be considered.

**Personal Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Maiden/Middle

Initiating Collegiate Chapter \_\_\_\_\_ Initiation Date \_\_\_\_\_

Current Alumnae Chapter \_\_\_\_\_

Home \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip E-Mail \_\_\_\_\_

Permanent Mailing Address (if different than above)  
\_\_\_\_\_  
City State Zip

Present Occupation: \_\_\_\_\_

Please explain your current circumstances and why you need this grant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will proposed grant money be spent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current References**

Two letters from individuals (one from a Gamma Phi Beta alumna) who can testify to your need should be sent directly to the Gamma Phi Beta Foundation. List below the names and addresses of the persons from whom you have requested references.

Name Position Phone





**Gamma Phi Beta Foundation**

**Reference Form for Grant-in-Aid Applicant**  
*Please type or print black ink*

**Applicant**

Complete the top portion of this form and give it to your reference.

Name of Applicant \_\_\_\_\_

Chapter \_\_\_\_\_

Name of Reference Writer \_\_\_\_\_

Chapter Advisor \_\_\_\_\_

Chapter President \_\_\_\_\_

***This recommendation will be considered confidential only if the following statement is signed:***

I have waived my right of access to the information contained in this reference, which is to be mailed directly to Gamma Phi Beta Foundation, and I agree that it will remain confidential.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reference Writer**

The above named applicant has applied for a grant-in-aid from the Gamma Phi Beta Foundation. **Grant-in-Aid awards are given to collegians experiencing an unforeseen financial crisis that might force them to withdraw from school.** Please provide a reference on this portion of the form, using the reverse side of paper if necessary. If you use a separate sheet of paper, please attach it to this form. Please comment on financial responsibility and need, if possible.

Reference Writer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reference Writer's Position \_\_\_\_\_ ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Reference Writer's Address \_\_\_\_\_

Thank you for returning the form as soon as possible to Gamma Phi Beta Foundation, Attn: Financial Aid Committee, 12737 East Euclid Drive, Centennial, Colorado 80111-6445.

Form #79-A Alumnae Grant-in-Aid Application

Revised June 2004

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