

# GAMMA PHI BETA FOUNDATION

## Collegiate 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 Undergraduate Application for Grant-in-Aid**

*Please type or print black ink*

**Available to collegians experiencing an unforeseen financial crisis that might force them to withdraw from school.**

Send the following information to the Gamma Phi Beta Foundation, International Headquarters,  
Attn: Financial Aid Committee, 12737 East Euclid Drive, Centennial, Colorado 80111-6445.

- This application
- Current college transcripts (unofficial "transcript letter" is acceptable if offered by your University)
- A letter explaining your reasons for requesting aid and efforts you are making to help yourself
- Letters of reference from:
  1. Chapter Advisor
  2. Chapter President

\* A grant request cannot be considered by the Financial Aid Committee until all the above documents are received.

**Personal Information**

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

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City State Zip E-Mail \_\_\_\_\_

College Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City State Zip  
College/University attending \_\_\_\_\_ Chapter \_\_\_\_\_

Present year: \_\_ Freshman \_\_ Sophomore \_\_ Junior \_\_ Senior GPA: \_\_\_\_\_ Present \_\_\_\_\_ Cumulative \_\_\_\_\_ =A  
Semester

**Budget for Period in Which Financial Aid Is Required**

Estimated Expenses

Tuition and fees \_\_\_\_\_

Room and board \_\_\_\_\_

Sorority dues \_\_\_\_\_

Books & supplies \_\_\_\_\_

Clothing \_\_\_\_\_

Transportation \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Total \_\_\_\_\_

Estimated Income

\*Parents' contribution \_\_\_\_\_

Scholarships \_\_\_\_\_

Savings \_\_\_\_\_

Earnings during year \_\_\_\_\_

Summer earnings \_\_\_\_\_

Loans \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

Amount still required \_\_\_\_\_

\*If none, please explain \_\_\_\_\_

**The average emergency financial grant is \$1,000.00. Please explain how you will meet the balance of your needs:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Gamma Phi Beta Involvement**

Gamma Phi Beta offices and responsibilities (include year office was held, most recent first): Use additional pages if necessary. Please do not write on the back of this page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Campus and/or Outside Activities/Jobs** (List most recent first):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Current References**

Two letters of reference (one each from your Chapter advisor and Chapter president) must be sent to International Headquarters. List below the names, positions and phone numbers of the persons from whom you have requested the references.

<b>Name</b>	<b>Position</b>	<b>Phone</b>
_____	_____	_____

Do you have any relatives currently serving as Foundation Trustees, International Council members or committee members? (This may disqualify you as a financial aid candidate) ( ) NO ( ) YES  
If you answered yes to this questions please fill in the name and volunteer position your relative holds: \_\_\_\_\_

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I hereby affirm that the above information is correct, to the best of my knowledge.

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



**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.