Income and expenses need to be verified to redetermine your need for a Rose McGill Grant. Use the checklist below and complete the application. Retain a copy for your records.

|  |  |
| --- | --- |
|  | 1. Write a personal letter describing your need in detail. |
|  | 1. Provide verification of all income and expenses listed, including Form 1040 from last year's tax return. You may send photocopies of pay stubs, checking/savings account statements, checks, bills, payment books, premium notices, etc., as verification of income and expenses. |
| Any questions may be directed to the Kappa Kappa Gamma Foundation at 866-KKG-1870 or [rosemcgill@kappa.org](mailto:rosemcgill@kappa.org). | |

Send all application materials to:

**Kappa Kappa Gamma Foundation**

6640 Riverside Drive, Suite 200

Dublin, Ohio 43017

866-KKG-1870 (toll-free)

614-228-6515

614-228-7809 (fax)

[rosemcgill@kappa.org](mailto:rosemcgill@kappa.org)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Kappa Kappa Gamma Headquarters Use Only** | | | | |
| Letter |  |  | Application received |  |
|  |  |  |  |  |
| Income verification |  |  | Approved by |  |
|  |  |  |  |  |
| Expense verification |  | Financial Assistance Chairman | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  |  | | | |  |  | | |  |  |
|  | *First* | |  | *Middle* | | | |  | *Maiden* | | |  | *Last* |
|  |  | |  |  |  |
| Marital status: | | | | | | | Birthday: | | | | | | |
|  | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| City: | | | | State: | | | | | | ZIP: | | | |
|  | |  | | | | | | | | | | | |
| Phone: | | | | | | | Email: | | | | | | |
|  | | | | | | |  | | | | | | |
| Chapter: | | | | | | | Initiation date: | | | | | | |
|  | | | | | | |  | | | | | | |
| Number of persons in household: | | | | | | | Adults: | | | | Children: | | |
|  | | | | |  |  | | | | | Ages: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Monthly source of income** | | | | |
| Gross income | $ | | Pension | $ |
| Net income after taxes | $ | | Alimony | $ |
| Social Security per month | $ | | Insurance | $ |
| Savings/investment income | $ | | Workers’ compensation | $ |
| Assets: balance in bank, savings and loans, etc. | $ | | Child support  ☐ Parent ☐ Family ☐ Friends | $ |
| Other (specify) | $ | | **Total monthly income** | **$** |
|  |  | |  |  |
| **Current or most recent employer** | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address: | | | | | | |
|  | | | | | | |
| City: | | | State: | | ZIP: | |
|  |  | | | |  | |
| Brief job description: | | | | | | |
|  | | | | | | |
| Dates of employment: | | | | | | |
|  | | | | | |  |
| **Source of debt per year** | | | | | |  |
| Credit card debt | | $ | Other debt | | | $ |
| List credit cards with the amount of debt on each. (Use back if needed.) | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | **Total debt** | | **$** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monthly expenses** | | | | | | | | | |
| Rent/mortgage | | $ | | Home maintenance | | | | | $ |
| Taxes (other than payroll) | | $ | | Car maintenance | | | | | $ |
| Car payment | | $ | | Car insurance | | | | | $ |
| Property insurance | | $ | | Medical/dental insurance | | | | | $ |
| Gas/electric | | $ | | Phone/long distance | | | | | $ |
| Cable TV | | $ | | Computer | | | | | $ |
|  | | | | | |  | | |  |
| **Health expenses not covered by insurance** | | | | | |  | | |  |
| Hospital/nursing home | | $ | | Doctor/dentist | | | | | $ |
| Home care | | $ | | Prescriptions | | | | | $ |
|  | |  | |  | | | | |  |
| **Other** | |  | |  | | | | |  |
| Food | | $ | | Clothing | | | | | $ |
| Other (list) | | $ | | **Total monthly expenses** | | | | | $ |
|  | |  | |  | | | | |  |
| **Estimated period of time that assistance will be needed** | | | | | | | | | |
| Repeating | Length of time: | |  | | Amount per month: | | | $ | | |
| One time |  | |  | | One-time gift amount: | | | $ | | |
|  |  | |  | | | |  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you received financial aid from the Foundation before? ☐ Yes ☐ No | | | | | | | | | | | | |
| If yes, when? | | | | | | | | | How much? | | | $ |
|  | | | | | | | | |  | | |  |
| A reference we may contact (preferably local): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Address: | | | | City: | | | | | | | | |
|  | | | |  | | | | | | | | |
| State: | | | | ZIP: | | | | | | Phone: | | |
|  | |  |  | | | | | | | | | |
| Email: | | | | Relationship: | | | | | | | | |
|  | |
| Is your reference a member of Kappa Kappa Gamma? | | | | | | | ☐ Yes ☐ No | | | | | |
|  | | | | |  | | | | | | | |
| I agree to report to the Rose McGill Confidential Aid Alumna Chairman if my financial circumstances change and/or I no longer need confidential aid. I certify that all information provided in this application is true and complete. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature: |  | | | | |  | | Date: | | |  | |