

**CHI OMEGA FOUNDATION  
HELPING HANDS FUND DISASTER RELIEF PROGRAM  
CONFIDENTIAL AID APPLICATION**

**Alumnae Short Form Application  
Guidelines, Procedures and Applications**

The purpose of the Helping Hands Fund Disaster Relief Program is to provide short-term assistance to needy undergraduate and alumna members of Chi Omega Fraternity in good standing 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. Applications must be submitted within 6 months of the date of the Presidential declaration.

Please send the Application to:

Punky Penberthy  
Helping Hands Fund Disaster Relief Program Chairman  
1375 County Road 4195  
Clifton, TX 76634-5186

Retain copies of all materials for your records.

- \_\_\_\_\_ 1. Complete the enclosed application form.
- \_\_\_\_\_ 2. Write a personal statement describing your need in detail. The statement should be specific and also should detail past and current Chi Omega activities, i.e. advisor, alumnae chapter, house corporation member, etc.
- \_\_\_\_\_ 3. Sign the application form, and also have it signed by a Chi Omega Alumna in good standing (other than yourself) or an individual such as a doctor or member of the clergy who is familiar with your needs and the reason you are applying for assistance.

Any questions should be directed to the Helping Hands Fund Chairman at her e-mail address: [saranne.penberthy@gmail.com](mailto:saranne.penberthy@gmail.com). To reach the Chairman via phone, please contact Foundation Executive Assistant Linda Landon at 901-748-8600.

**DO NOT WRITE IN THIS SPACE**

Application Received \_\_\_\_\_

Reference Verification \_\_\_\_\_

Approval by \_\_\_\_\_

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***PROGRAM DESCRIPTION***

The Purpose of the Helping Hands Fund Disaster Relief Program is to provide short-term assistance to needy undergraduate and alumnae members of Chi Omega Fraternity in good standing 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. Applications for grants must be received on or before the sixth month anniversary of the date of the Presidential declaration, provided.

Grants from this program are restricted in their use to the payment of basic necessities arising directly out of the disaster or emergency. The amount and number of grants made will depend upon the availability of funds and the needs of each recipient. Payments will be made to qualified applicants upon receipt of complete application materials as may be awarded by the Helping Hands Fund Committee. Grant funds used for the purposes contemplated in the approval process do not need to be repaid; however, recipients must comply with the Fund's reporting requirements. The decision of the Committee is final. In the event that 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.

Grants shall be made by check as a single payment. The maximum amount that may be granted to any individual in connection with any one disaster is \$1,000, unless the Committee determines that the extraordinary circumstances of a particular applicant warrant a higher amount.

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.

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Please have a sponsoring individual (a Chi Omega Alumna in good standing other than yourself or an individual such as a doctor, or member of the clergy who is familiar with your needs and the reason you are applying for assistance) sign this request. Complete applications will be reviewed and acted upon in the order received.

**PERSONAL INFORMATION (PLEASE PRINT)**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone \_\_\_\_\_

If temporary, how long may you be reached at this address? \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are any of your children or family members able to provide you with financial assistance? \_\_\_\_\_

Describe any relationship you have with any of the members of the Helping Hands Fund Committee or officers, directors or employees of the Chi Omega Foundation: \_\_\_\_\_

Complete the Financial Information Form attached hereto.

**CHI OMEGA AND ACADEMIC BACKGROUND**

Collegiate Chapter \_\_\_\_\_ School \_\_\_\_\_

Year of Initiation \_\_\_\_\_ Year graduated or left school \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Describe other academic training and degrees earned:

Are you now, or have you ever been, an alumnae chapter member?

Yes       No

If yes, alumnae chapter(s):

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Grant decisions are based on need for assistance and are limited to one grant per applicant for each disaster. Information about your Chi Omega activities may help the committee become better acquainted with you and your grant application. Please list offices held in your alumnae or collegiate chapter and provide any other Chi Omega information you would like to share with the committee. Attach a separate sheet if necessary.

**PROFESSIONAL HISTORY**

List relevant business or professional experience.

Employer	Nature of Work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**STATEMENT EXPLAINING REASON FOR GRANT REQUEST.**

Please include a statement of your intended use of the grant funds.

I agree to report to the Chi Omega Foundation if my financial circumstances change and/or I am no longer in need of emergency aid.

I certify that all information provided in this application is true and complete as of this date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact information for sponsoring individual:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FINANCIAL INFORMATION**

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:

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