



SISTERS INCOME SUPPLEMENT GRANT PROGRAM

The Sisters Income Supplement (SIS) Program of the Alpha Gamma Delta Foundation, Inc. provides confidential financial assistance to members who are faced with emergency short-term need. The aid is in the form of a grant. No repayment is required.

Grants are made in amounts of up to \$2,000 lifetime.

The attached application is to be filled out as completely as possible and any corresponding documentation (bills, estimates, etc) should be attached to your application and mailed as directed. You should expect a response within approximately two weeks following receipt of the application by the Foundation office.

Application materials must be completed and sent by mail or fax to:

**Alpha Gamma Delta Foundation, Inc.
3905 Vincennes Road, Suite 105
Indianapolis, IN 46268
(317) 879-9328
Fax (317) 415-0335**

Alpha Gamma Delta Foundation, Inc.

SISTERS INCOME SUPPLEMENT GRANT APPLICATION

CONFIDENTIAL

Name: _____
 first middle (maiden) last

Permanent
Address: _____
 number street city state/province zip/postal code

Telephone number where you can be reached if more information is needed:

Telephone: Home (____) _____ -- _____ Work/Cell (____) _____ -- _____

May we contact you by email? Yes No email: _____ @ _____

Have you received a SIS Grant in the past? _____ Date of previous SIS Grant _____

Is there someone we can call as a reference in regards to your confidential application?

Reference Name: _____ Phone: () _____

Is your reference and Alpha Gam? Yes No

Relationship to Reference: _____

I hereby make application for a Sisters Income Supplement (SIS) grant from the Alpha Gamma Delta Foundation, Inc. for the following purpose: (State the reasons for your application.)

Give financial circumstances as a result of the above problem. Itemize expenses and send copies of estimates, if any.

Personal Statement: (Please feel free to add any other information which you believe will help convey your need for a SIS grant.)

❖ Employment History For The Past Four Years

Name of employer: _____

Address of employer: _____

Telephone: (_____) _____ -- _____ Position: _____

Dates of employment: _____ Wages/Salary: _____

Name of employer: _____

Address of employer: _____

Telephone: (_____) _____ -- _____ Position: _____

Dates of employment: _____ Wages/Salary: _____

Name of employer: _____

Address of employer: _____

Telephone: (_____) _____ -- _____ Position: _____

Dates of employment: _____ Wages/Salary: _____

❖ Financial information

Number of dependent children and ages: _____

Number and names of other person(s) dependent on you for financial support: _____

Savings: _____ Current Wages or salary: _____ Living Expenses: _____

Financial support from other sources (list type/amount): _____

Other grants, gifts, and/or assistance available (family assistance, unemployment, state aid, insurance, scholarships, etc.) – list type and amount:

List other circumstances that make it difficult for you to meet your financial obligations at this time:

SIS Grant Amount Requested: \$ _____

I certify that the information contained in this application is true and accurate to the best of my knowledge.

Date: ____/____/____

Signature: _____

Initiating Chapter: _____

How did you hear about this program?

Foundation website A Sister told me about it Other _____