



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 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 (_____) _____ -- _____

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: () _____

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, if possible. 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: _____

Name of employer: _____

Address of employer: _____

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

Dates of employment: _____

Name of employer: _____

Address of employer: _____

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

Dates of employment: _____

❖ **Financial information**

Number of dependent children and ages: _____

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

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

Financial support from other sources (list): _____

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

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: _____