

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.
- 2. 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@kkg.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

614-228-6303 (fax)

rosemcgill@kkg.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	_____
Other (specify) _____	\$ _____	<input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Friends	\$ _____
		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 to Alumnae 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: _____