The purpose of Rose McGill Grants is to provide confidential aid to initiated collegians whose families have experienced an unexpected catastrophe of a financial nature. Depending on available funds, up to $3,500 may be given annually for care and support. This support is intended to help those Kappas facing termination of their pursuit of a higher education.

**Monies awarded cannot be used for Kappa dues, Kappa fees, or Kappa social expenses.**

Use the checklist below and complete the application. Retain a copy for your records.

|  |  |
| --- | --- |
| ☐ | Complete the income and expenses portion of the application. |
| ☐ | Provide verification of all income, assets, and expenses for you and your parents or guardians, 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. Failure to provide verification will result in the denial of the application. |
| ☐ | Provide a letter from the Chapter Council Adviser/Executive Board Adviser or Finance Adviser that documents your need and states your standing in the chapter. Please provide the adviser’s phone number and email address. |
| ☐ | Using a separate sheet of paper, describe in detail any financial circumstances or need not included elsewhere in the application, such as recent changes in finances, personal or family hardships, or other financial circumstances. Specifically state your financial need and for what expenses you would use the Rose McGill Grant. Also include past and current Kappa activities (e.g., position on Chapter Council/Executive Board) and campus/community activities. Please keep your response to less than 600 words. |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |       |  |       |  |       |  |       |
|  | *First* |  | *Middle* |  | *Maiden* |  | *Last* |
|  |  |  |  |  |  |  |  |
| ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior | College:       |
|  |  |
| Current school address:       | City:       |
|  |  |
| State:       | ZIP:       | Birthday:       |
|  |  |  |
| Cellphone:       | Email:       |
|  |  |
| Chapter:       | Initiation date:       |
|  |  |  |  |

|  |  |
| --- | --- |
| Major:       | Minor:       |
|  |  |
| Cumulative GPA:       | Degree working toward:       |
|  |  |  |
| Chapter offices and chapter committees:       |
|  |
| Campus activities:       |
|  |
| Have you received financial aid from the Kappa Kappa Gamma Foundation before?☐ Yes ☐ No |
| If yes, when?       | How much? | $      |
|  |  |  |
| What financial assistance or support are you currently receiving (e.g. school, social services, career, government, vocational, etc.)? Please provide documentation of each source. |
|       |
|  |
| Are you seeking or presently receiving assistance or support from any other source?☐ Yes ☐ No |
| If yes, please list:       |
|  |
| Employment history (provide job title(s), date(s), hours per week, etc.):       |

|  |
| --- |
| **Applicant:** |
| **Income** | **Per Term** |  | **Per Year**  |
| Gross income | $      |  | $      |
| Net income after taxes | $      |  | $      |
|  |  |  |  |
| **Loans** |  |  |  |
| Amount of loan per term | $      | **Total amount of loan debt** | $      |
|  |  |  |  |
| **Expenses** | **Per Term** |  | **Per Term** |
| Tuition, books, and fees | $      | Housing | $      |
| Board (food expenses) | $      | Utilities (including internet) | $      |
| Phone | $      | Insurance | $      |
| Car payment | $      | Food (if not included under board) | $      |
|  |  | **Total term expenses** | $      |
| **Miscellaneous expenses** |  |  |  |
| Clothing | $      | Medical | $      |
| Taxes | $      | Other | $      |
| **Total term expenses** | $      |  |  |
|  |  |  |  |
|  |  |  |
| Father’s name:       | Mother’s name:       |
|  |  |
| Address:       | City:       |
|  |  |
| State:       | ZIP:       | Phone:       |
|  |  |  |

|  |
| --- |
| Parents marital status: ☐ Married ☐ Divorced ☐ Separated |
|  |

|  |
| --- |
| Household income earned by: ☐ Mother ☐ Father ☐ Both ☐ Other (list) |
|  |  |
| Adjusted gross income estimated from most recent federal income tax returns: | $      |
|  |  |
| List any siblings attending college next year, including ages and school names:       |
|  |  |
| **Parents or Guardians:** |  |
| **Assets** | **Per Year**  |  | **Per Year**  |
| Investments | $      | Home | $      |
| Other real estate | $      | Trust funds | $      |
| Auto | $      | Other | $      |
| Cash in financial institutions (bank, savings, credit union, etc.) | $      | **Total assets**  | $      |

|  |  |  |  |
| --- | --- | --- | --- |
| **Loans** |  |  |  |
| Annual amount of loans (auto, student, personal, medical etc.) | $      | **Total amount of loan debt** | $      |
|  |  |  |  |
| **Expenses**  | **Per Year**  |  | **Per Year**  |
| Rent/mortgage | $      | Home maintenance | $      |
| Property insurance | $      | Utilities | $      |
| Gas/electric | $      | Phone | $      |
|  |  |  |
| **Health expenses not covered by insurance**  |  |  |
| Hospital | $      | Doctor/dentist | $      |
| Home care | $      | Prescriptions | $      |
|  |  |  |  |
| **Other** |  |  |
| Food | $      | Clothing | $      |
| Car payment | $      | Car insurance | $      |
| Taxes (other than payroll) | $      | Credit card charges | $      |
| Other (list) | $      |  |
|  |  |  |  |
|  |  |  |  |
| **Total expenses per year** | $      |  |  |
|  |  |  |  |

|  |
| --- |
| I authorize the Kappa Kappa Gamma Foundation to verify this information with any source.I agree to report to the Rose McGill Confidential Aid Undergraduate Chairman if my financial circumstances change and/or I no longer need a grant. I certify that all information provided in this application is true and complete. |
|  |
| Signature: |  |  | Date: |  |