



Heart Fund Grant

Consistent with its mission to provide member support funds, the Alpha Xi Delta Foundation will provide emergency assistance grants to Alpha Xi Delta members during sudden difficult times in their lives. Such grants are intended to help members touched by natural or other disasters (i.e., fire, flood) or short-term major medical emergencies. The maximum award is \$500 per member. Assistance is given using the following guidelines:

1. Any Alpha Xi Delta in good standing is eligible for consideration except current Foundation Trustees, National Council, National Housing Corporation Board members and members of their families.
2. Donors may not designate their funds to an individual.
3. Any Alpha Xi Delta desiring assistance must apply to the Foundation, describing her need and financial situation. All such communications will be kept confidential. The Foundation will investigate as necessary to ensure the validity of the application and may require documentation.
4. An application may be filed by friends or relatives on behalf of a needy and deserving Alpha Xi Delta.
5. The application will be reviewed by a committee of the board for approval.
6. Written verification must be received for each application before approval can be considered.

Alpha Xi Delta Foundation
8702 Founders Road
Indianapolis, IN 46268

(317) 872-3500 • Fax: (317) 872-2947 • Email: fhq@alphaxidelta.org

**Alpha Xi Delta Foundation
Heart Fund Grant Application**

Name: _____
(First) (Maiden) (Last)

Address: _____
(Street; Apt. #; P.O. Box; etc.)

(City) (State) (Zip)

Phone: (_____) _____ (_____) _____
(Day) (Evening)

Email: _____

Chapter: _____ Initiation Year: _____

Please enclose copies of pertinent receipts or statements, if applicable. Please list the name and address of any professional personnel (clergy, counselor, etc.) who is familiar with the situation and who might be contacted for any additional information. *All communication will be kept confidential.*

Please respond to the following on a separate sheet, preferably 8 ½" x 11".

- Description of situation
- Financial circumstances

Submitted by: _____ Date: _____
(Signature)

If this form is being filed on *behalf of* the member named above, please complete the following information:

Name: _____
(First) (Maiden) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: (_____) _____ (_____) _____
(Day) (Evening)

Relationship to applicant: _____

Send completed application to:

Alpha Xi Delta Foundation
8702 Founders Road
Indianapolis, IN 46268