

**Alpha Phi Delta Foundation
APD Cares
Confidential Aid Application**



**APD Cares
Guidelines, Procedures and Application**

The purpose of the APD Cares Program is to provide short-term assistance to needy undergraduate and alumni members of Alpha Phi Delta Fraternity in good standing who find themselves in financial distress due to the occurrence of a President declared major disaster or emergency under Section 401 of the Stafford Act. Applications must be submitted within six (6) months of the date of the Presidential declaration. The Foundation will grant up to \$25,000 to applications per calendar year with a maximum application of \$5,000.

Please send the Application to:

APD Cares Application c/o
Alpha Phi Delta Foundation
P.O. Box 23188
Pittsburgh, PA 15222

Or email the scanned material to: apdcares@apdfoundation.org

Retain copies of all materials for your records.

- _____ 1. Complete this application form.
- _____ 2. Write a personal statement describing your need in detail. The statement should be specific.
- _____ 3. Sign the application form, and also have it signed by an Alpha Phi Delta alumni in good standing (other than yourself) or an individual such as a doctor or member of the clergy who is familiar with your needs and the reason you are applying for assistance.

Any questions should be directed to the APD Cares Chairman at the following email address: apdcares@apdfoundation.org

DO NOT WRITE IN THIS SPACE

Application Received _____

Reference Verification _____

Approval by _____

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Please have a sponsoring individual (an Alpha Phi Delta Alumni in good standing (other than yourself) or an individual such as a doctor or a member of the clergy who is familiar with your needs and the reason you are applying for assistance) sign this application. Completed applications will be reviewed and acted upon in the order received.

PERSONAL INFORMATION (PLEASE PRINT)

Name _____

Address _____

E-mail _____ Telephone _____

If temporary, how long may you be reached at this address?

Social Security # _____ Date of Birth _____

Describe any relationship you have with any of the officers, directors of the Alpha Phi Delta Foundation:

ALPHA PHI DELTA CHAPTER INFORMATION

Collegiate Chapter _____ School _____

Year of Initiation _____ Year graduated or left school _____

Major _____ Degree Earned _____

What Alumni Club(s) are you currently a member of?

Grant decisions are based on need for assistance and are limited to one grant per applicant per disaster up to \$5,000.

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PROFESSIONAL HISTORY

List relevant business or professional experience.

Employer	Nature of Work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEMENT EXPLAINING REASON FOR GRANT REQUEST.

Please include a statement of your intended use of the grant funds.

I agree to report to the Alpha Phi Delta Foundation if my financial circumstances change and/or I am no longer in need for this aid.

I certify that all information provided in this Application is true and complete to the best of my knowledge as of this date

Signature _____ Date _____

Contact information for sponsoring individual:

Name _____

Address _____

Phone _____ E-mail _____

Signature _____ Date _____