



CHI ETA PHI SORORITY, INCORPORATED
SOUTHEAST REGION
APPLICATION FOR THE ANITA K. BASS EMERGENCY FUND

I. INFORMATION REGARDING APPLICANT

1. NAME (MRS., MS., MR.): _____
LAST FIRST MIDDLE
2. Present Address: _____
Street/PO Box City State Zip Code
3. Permanent Address: _____
Street/PO Box City State Zip Code
4. Home Phone # _____ Cell Phone # _____ Email _____
5. Place of Birth: _____
City State Country
5. Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____
6. Citizenship: USA _____ Other _____
If other, state what country and describe circumstance: _____

7. Church Affiliation: _____

II. INFORMATION REGARDING APPLICANT'S FAMILY

1. Father: _____
Name Address Occupation
- Mother: _____
Name Address Occupation
- Guardian: _____
Name Address Occupation
- Spouse: _____
Name Address Occupation

If you do not live with one of the above, with whom do you live? _____



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2. Family members

- a. Number of Brothers: _____ Ages: _____
- b. Number of Sisters: _____ Ages: _____
- c. Number of persons dependent on parent(s), guardian or spouse for support: _____

- d. Number of dependents on applicant: _____ Ages: _____

III. **CLASSIFICATION AND INSTITUTION**

- A. Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____
- B. Name of Institution: _____
Address of Institution: _____
Address City State & Zip Code
- C. GPA: _____

IV. **INFORMATION REGARDING FINANCES**

1. Are you receiving any financial assistance at present? Yes _____ No _____
If yes, is it a:
- A. Loan? _____ State Source: _____

- B. Scholarship? _____ State Source: _____

Signature of Applicant

Signature of Graduate Chapter Basileus

Date

Graduate Chapter
Phone Number of Basileus

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OFFICIAL USE ONLY: GRANTED _____ Yes _____ No _____



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PERSONAL STATEMENT

Date

Signature