|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | | |
| **Name of Applicant:** | |  | | | |
| **Member Number:** | |  | | | |
| **Application Type**   * **Individual** * **Family** | |  | | | |
| **Type of Event** | |  | | | |
| **Damaged Dwelling Address** | |  | | | |
| **City** | |  | | | |
| **State/Zip Code** | |  | | | |
| **Country** | |  | | | |
| **Displaced Mailing Address:** | |  | | | |
| **City:** | |  | | | |
| **State/Zip Code** | |  | | | |
| **Country** | |  | | | |
| **Home Phone:** | |  | | | |
| **Mobile Phone:** | |  | | | |
| **Email Address:** | |  | | | |
| **Impact of Disaster (Check all that apply)** | | | | | |
|  | **Damage to primary residence** |  | **Damage to primary vehicle** |  | **Impact to business** |
|  | **Displacement from primary residence (home or apartment)** |  | **Displaced from academic setting** |  | **Loss of food items** |
|  | **Loss of household items; clothing, academic books, laptop, furniture** |  | **Damage/loss due to power outages** |  | **Medication/Equipment (glasses, wheelchair, etc.)** |
| **Other:** | | | | | |

**I certify that the information on this application is accurate. I understand that withholding information or giving false information will result in the denial of this application.**

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Chapter Submitting Grant Request:** |  |
| **Chapter Number:** |  |
| **Chapter Mailing Address:** |  |
| **City:** |  |
| **State/Country:** |  |
| **Postal/Zip Code:** |  |
| **Chapter’s Email Address:** |  |
| **Chapter Verifier:** |  |
| **President Email Address:** |  |
| **Mobile Phone:** |  |

|  |  |
| --- | --- |
| **Recommended for Assistance**  **{Yes} {No}** | **Date:** |
| **Comments:** | |
| **Method Assistance Provided** |  |
| **Date** | |

**APPROVED BY**

**Chapter President (Print Name):**

**Signature: Date:**

**Regional Director (Print Name):**

**Signature:** **Date:**

**Executive Director (Print Name):**

**Signature: Date:**

**DREF Executive Director (Print Name):**

**Signature: Date:**

**Scan, Fax or Mail (USPS) completed individual application and chapter verification to:**

**Delta Research and Educational Foundation**

**1703 New Hampshire Avenue, NW**

**Washington, DC 20009**

**EMAIL:** [**DSTDRF@Deltafoundation.net**](mailto:DSTDRF@Deltafoundation.net)

**202-347-5091**