

**DST Disaster Relief Fund  
Individual Grant Application**

**Fayetteville Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P. O. Box 403  
Fayetteville, NC 28302**

**Date:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Country:** \_\_\_\_\_

**Postal/Zip Code:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Mobile Number** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**List Full Names of Household Members (at the time of the disaster):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date of Disaster:** \_\_\_\_\_

**Impact of Disaster: (Check all that apply)**

- ☐ Loss of primary residence
- ☐ Displacement from primary residence
- ☐ Loss of household possessions/clothing/books
- ☐ Loss of primary form transportation
- ☐ Displaced from academic setting/apartment or campus residence
- ☐ Other, please specify

\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS OF GRANT APPROVAL**

- Grant request must be/has been submitted within 60 days of disaster.
- The maximum grant allotment is \$250.00.
- I am a member of Fayetteville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. in good standing.

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

**Signature of Applicant**

\_\_\_\_\_  
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**Date:** \_\_\_\_\_

☐ **Recommended for Assistance**

**Comments**

\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

☐ **Not Recommended for Assistance**

**Comments**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Chapter Verifier:**

\_\_\_\_\_

**Signature of Chapter President:**

\_\_\_\_\_

**Scan, email or mail (USPS) completed individual application and chapter verification/Recommendation Form to:**

**President  
Fayetteville Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P. O. Box 403  
Fayetteville, NC 28302  
Email: facpres1953@aol.com**