DST Disaster Relief Fund Individual Grant Application

Delta Research and Educational Foundation 1703 New Hampshire Avenue, NW Washington, DC 20009 Office: 202-347-1337

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):		
Impact of Disaster: (Check all that apply).		
[] Loss or primary residence		
[] Displacement from primary residence		
[] Loss of household possessions/clothing/books		
[] Loss of primary form of transportation		
[] Displaced from academic setting/apartment or campus residence		
[] Other, please specify		
I certify that the information provided on this application is accurate. I		
understand that withholding of information or giving false information will in a denial of this application and refusal of funding.	result	
Signature of Applicant:		

DST Disaster Relief Fund (DSTDR) Chapter Verification and Recommendation Form

Chapter Submitting Grant Request:	
Chapter Number:	
Chapter Verifier:(Chapter Appointed ERT Representative)	
Chapter Mailing Address:	
City:	State/Country:
Postal/Zip Code:	
Chapter's Email Address:	
Name of Chapter Officer:	_
Officer's Email Address:	
Home Number:	
Recommended for Assistance	Date:
Comments	
[]: Not Recommended for Assistance	Date:
Comments:	
Signature of Chapter Verifier:	
Signature of Chapter President:	

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

Delta Research and Educational Foundation 1703 New Hampshire Avenue, NW Washington, DC 20009 Email:DSTDRF@Deltafoundation.net Fax: 202-347-5091