

May be faxed to: 816-333-6206

Attn: Stephanie Marzell



Beta Sigma Phi

International Office

1800 W 91st Place PO Box 8500

Kansas City, MO 64114-8500

Phone: 816-444-6800 Fax: 816-333-6206

Application for Disaster Relief Assistance

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Member Number: _____ Chapter Number: _____

Explanation of Financial Need: _____

I hereby certify that the foregoing information is true and correct and that I need financial assistance for the reasons indicated above.

Date: _____

Applicant: _____

The undersigned members of _____ have determined that
(chapter name & number)

The applicant has suffered serious losses due to a natural disaster and is in need of financial assistance. We approve a grant of financial aid from the Beta Sigma Phi Disaster Relief Fund.

