

APPLICATION FOR PAYMENT FROM
NORMA MONEY BENEFIT FUND
DELTA THETA TAU SORORITY, INC.

Date _____

Name of Applicant _____

Address _____ Chapter _____

City & State _____ Chapter City _____

Age of Applicant _____ Chapter State _____

Marital Status _____ Type of Membership _____

Employed Yes _____ No _____ Date of Initiation _____

Occupation _____

Social Security number _____

* All applicants must provide SS # to be eligible for any funds.

Attach letter explaining in complete detail your needs and type of emergency, illness, or disaster that brought on financial crisis or any other applicable circumstances.

Itemized list of obligation:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

AMOUNT OF PAYMENT REQUESTED \$ _____

Send completed form to the National President

(Form #50) Rev. 2/2016