

Robert R. DeCormier Memorial Trust Fund

an affiliate of The New York State Retired Teachers' Association, Inc. DBA Retired Educators of New York P.O. Box 490 Amsterdam, NY 12010 Phone (518) 482-3509 Website: www.retirededucatorsny.org

## **APPLICATION FOR SPECIAL GRANT**

This is a lump sum offered to Association and spousal members in financial need to provide financial assistance for an unexpected, non-reimbursed expense.

Name		Date//
Date of Birth/ Telephone	e ( ] I	Email
Address	City	State Zip
Are you a member of NYSRTA/RENY?	Have you been a	member for at least three years?
Zone? Nun	nber of years as an educat	tor in New York State schools?
Are you receiving Medicaid assistance? Amount requested?		y income
Describe the proposed use of the funds	requested (use reverse side	e if necessary):
Why would it be difficult for you to final through family assistance? (use reverse	nce the proposed request o	
Signature:		

Mail this completed application and a cost estimate (if available at this time) to: Anne Flansburg, Chair, 24 Amherston Drive, Williamsville, NY 14221-7002.

The application will be reviewed by the trustees. If approved, and you have not already done so, you will be asked to supply an estimate or documentation from the vendor(s) regarding the expected cost of your service(s). Upon successful and satisfactory completion of the service, a check will be mailed directly to the vendor. Please note that payments can only be made directly to the vendor, <u>not</u> to the applicant.

Updated Feb. 2023