

# INDIAN AMERICAN CULTURAL ASSOCIATION OF WESTCHESTER

## *Joshi Family Catastrophic Help-Education Fund Availability Notification-2020*

*Indian American Cultural Association of Westchester is very grateful to announce availability of the Joshi Family Catastrophic Help-Education Fund, fully contributed and set up by Dr. Anil and Anju Joshi.*

*If you know any qualifying candidate/s please feel free to forward, contact and help them to complete this application.*

### ***The eligibility and grant awarding criteria are as follows:***

- 1. The applicant family shall be a IACAW member for at least one full calendar year prior to the catastrophe, for example if a member experiences a catastrophe during FY 2019 the family must be a IACAW Annual or Life member for the calendar year 2018 and must have paid the membership dues by last day of the month of June of the previous year which in this example is June 30, 2018, and
  - a. The "Catastrophe" here means "A sudden death or disaster or misfortune with one or both parents becoming permanently or temporarily disabled which results in the substantial loss of income earning activities either permanently or temporarily as they did prior to the catastrophe".**
- 2. An income earning member of the family has died or became suddenly sick or physically incapacitated for any reason, preventing the member from working and earning the income necessary to support their family, and*
- 3. The family member currently has at least one of their biological/legal child/children enrolled full-time in an accredited undergraduate program in the United States, and*
- 4. The family receiving the grant is eligible to reapply once during the calendar year for the grant when eligible, and*
- 5. The family has submitted a completed the attached Application Form, and*
- 6. The completed application includes all necessary supporting documents that may include, but are not limited to the following: Full time enrollment in a US accredited under graduate program related supporting documents, Medical or other documents supporting the medical or other catastrophe, out of work/loss of income related supporting documents, previous year income tax returns and current income support to prove the substantial reduction of income impacting the educational support to their biological/legal child/children, etc.*
- 7. The "Joshi Family Catastrophic Help-Education Fund Committee" will determine the final award of upto \$10,000 to the eligible applicant until the contributed fund balance is fully awarded.*
- 8. The "Joshi Family Catastrophic Help-Education Fund Committee's" decision will be final in all matters.*

**INDIAN AMERICAN CULTURAL ASSOCIATION OF WESTCHESTER**

**Mail application to:** Attn: Joshi Family Catastrophic Help – Education Fund Committee  
P.O. Box 358, Dobbs Ferry, NY 10522  
A Not-For-Profit Organization (Tax Exempt Number 13-3670624)

**Joshi Family Catastrophic Help - Education Fund Application**

Date of application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Home

\_\_\_\_\_ Cell

\_\_\_\_\_ Other

\_\_\_\_\_ E-mail: \_\_\_\_\_

**Children's Information**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of University Currently Enrolled At: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Expected Degree: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of University Currently Enrolled At: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Expected Degree: \_\_\_\_\_

**Incapacitated Family Member's Information**

Name of Family member Incapacitated/died: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Reason for Incapacitation: \_\_\_\_\_

Expected Length of Incapacitation: \_\_\_\_\_

IACAW Membership status: \_\_\_\_\_ Year membership acquired: \_\_\_\_\_

Supporting Evidence: \_\_\_\_\_

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

**Personal Statement Attached (optional)**