

Emergency Assistance Application

GRANT PURPOSE

To ease the financial hardship of an AEA member or worksite that experiences an unexpected, unforeseen loss that impacts their work performance or hinders their students' achievement or progress.



ELIGIBILITY REQUIREMENTS:

- Individual recipients must be an AEA member in good standing for the past two (2) membership years.
- Worksite or District requests must be from an Arizona public school and be requested by an AEA member in good standing for the past two (2) membership years..

\$ _____ **Emergency Assistance is being requested for**

___ **An individual member to assist with** (select one):

___ **Environmental Catastrophe** (fire, flood, natural disaster, or accidental loss)

___ **Housing Misfortunes** (rent, deposits, moving costs, emergency repairs)

___ **Family Issues** (adoption, foster care, family care, death, or health care expenses)

___ **A worksite or district with** (select one):

___ **Environmental Catastrophe** (fire, flood, natural disaster, or accidental loss)

MAIL

Emergency Assistance

AEA Foundation
345 East Palm Lane
Phoenix, AZ 85004

EMAIL

Foundation@ArizonaEA.org

CALL

602-407-2321

FAX

602-407-2371

Member Name _____ \$ _____
 Address _____ \$ _____ City _____
 _____ ST _____ ZIP _____ Phone: \$ _____
 _____ Email _____ Local \$ _____
 Association _____ NBCT \$ _____

Total Costs \$ _____

\$ _____

Requested scholarship amount (Total Cost Minus Received Contributions) \$ _____

Note: Maximum grant is \$400 per component/K12 Center Support Programs with a maximum of 2 components per calendar year.

Promissory Note: If I am unable to complete the components as marked above, I will repay this scholarship.

Signature: _____ Date: _____