



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 (____) _____ Email _____

Address _____ City _____ State _____ Zip _____

Are you a member of NYSRTA/RENY? _____ Have you been a member for at least three years? _____

Zone? _____ Number of years as an educator in New York State schools? _____

Are you receiving Medicaid assistance? (circle) Yes / No Yearly income _____

Amount requested? _____

Describe the proposed use of the funds requested (use reverse side if necessary):

Why would it be difficult for you to finance the proposed request out of your own income, assets or through family assistance? (use reverse side if necessary):

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, not to the applicant.