



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 the completed application to: Mary Lou Davis, Treasurer, 125 Andrews Road, LaGrangeville, NY 12540.

Please include with this application an estimate and a W-9 Form from the vendor(s) regarding the expected cost of your service(s). The application will be reviewed by the trustees. If approved, 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.