PSEA EDUCATION FOUNDATION WELFARE ASSISTANCE GRANT APPLICATION Sept. 1, 2022 – Aug. 31, 2023



The purpose of the Welfare Assistance Grant Program is to provide hardship assistance to those individuals affected by sudden or severe financial hardship as a result of illness, death, crime, accident, fire, flood, other disasters, or similar sudden or severe financial burdens arising from events beyond their control. The grant is to assist in providing basic necessities such as food, clothing, housing, transportation, medical care, funeral expense, or other basic needs.

Personal information provided in this Welfare Assistance Grant Application and supporting documents are considered confidential and will only be disclosed to the directors of the PSEA Education Foundation and its Welfare Assistance Grant Application Review Committee (the PSEA Retirement and Welfare Committee), and confidential staff as necessary, for the purpose of reviewing the Application and for the purpose of administering the Grant Program and/or as otherwise required by law. A review of the Application by the Foundation Directors and members of the PSEA Retirement and Welfare Committee will include communication, through oral, written, and/or electronic means, with the applicant's local association president, region president, and PSEA UniServ Representative.

PERSONAL INF	ORMATI	ON:					
Name:						PSEA ID #:	
Street Address:			City: State:		Zip:	Phone #:	
Date of Birth:			Present Employer:			Present Position:	
Length of Membership:			Local Association:			Region:	
Length of Public	School Se	ervice:	Years of Servi	ce in Present E	mployment:		
HOUSEHOLD	INCOME: ne people	who live in your	household and Claimed as	YES [their income, Dependent on Federal	NO starting with yourself: Information on incom any claimed depender	e is only required for y	ou, your spouse, and
	Age	Relationship	Income Tax Return Yes No		Earned Income (gross monthly)	Other Income* (gross monthly)	Source of Other Income
Yourself		self					
Person #1							
Person #2							
Person #3							
Person #4							

SUBTOTALS: _

GRAND TOTAL:

* Other monthly income includes interest, dividends, retirement income, Social Security, Disability, Workers Compensation, Public Assistance, Veterans' Benefits, Unemployment Compensation, child support, alimony, gambling and lottery winnings and any other sources of unearned income.



ASSETS:

Amount in Checking Accounts as of Date of Application: Amount in Savings Accounts as of Date of Application: Amount of Certificates of Deposit as of Date of Application: Amount of Christmas/Vacation Clubs as of Date of Application: Value of Stocks or Bonds as of Date of Application: Other Investments as of Date of Application: Value of Real Estate Equity (if any): Value of Trust Funds (if any): Value of Other Assets: TOTAL ASSETS:

MONTHLY EXPENSES:

Mortgage/Rent Payments: Utilities: Credit Payments: Food and Clothing: Insurance Premiums: Medical Expenses: Auto and Travel Expenses:

Other Expenses (explain):

TOTAL MONTHLY EXPENSES:

STATUS OF RESIDENCE:

In own residence

Other

(Explain): _____

STATUS OF MEDICAL INSURANCE: Describe current coverage (if any)

GRANT AMOUN	NT REQUESTED: (C	HECK ONE BOX)			PSFA				
\$500	□ \$1,000 □	\$1,500	00 🗖 Oth	er not to exceed \$2,00	0 EDUCATION FOUNDATION				
GRANT WILL B	E USED FOR: (CHEC	K ONE BOX)							
Food/Clot		ing (Rent/Mortgage/Utili eral Expense 🗖 Othe			y specific and concise)				
GRANT HISTOF	RY:								
Have you applied for a PSEA Education Foundation Welfare Assistance Grant in the last 3 years (the last 3 September- August school years prior to this current school year)?									
Have you received a PSEA Education Foundation Welfare Assistance Grant in the last 3 years (the last 3 September- August school years prior to this current school year)?									
DESCRIPTION	OF HARDSHIP:								
You must attach a statement explaining why you are requesting assistance. Your statement should describe the hardship you are facing which must be the result of illness, death, crime, accident, fire, flood, other disasters, or similar sudden or severe financial burdens arising from events beyond your control, and may also include any special or unique circumstances surrounding your financial need.									
OTHER ASSISTANCE APPLIED FOR: (PLEASE CIRCLE ALL THAT APPLY)									
Bank Loan	Insurance Claim	Social Security Disability	Local Association Welfare Grant	PSEA Region Welfare Grant	Medical Sabbatical				
		Disability	Wellale Glait	wenare Grant					

If application has been made, indicate present disposition of applications. If insurance claim filed, disclose amount of claim:

Other

SIGNATURE OF APPLICANT:

Community

I certify that I have examined this completed application and the facts and statements herein and my attached statement describing my hardship and the manner in which I will use the grant are true and correct to the best of my knowledge and belief.

SIGNATURE

Assistance

DATE

Please send your completed application to the PSEA Retirement and Welfare Committee at PSEA Headquarters. The Retirement and Welfare Committee has been designated by the PSEA Education Foundation to do the initial welfare assistance grant application review. Applications should be sent to the following address:

PSEA RETIREMENT & WELFARE COMMITTEE c/o TRACY GAMBELUNGHE 400 NORTH THIRD STREET, PO BOX 1724 HARRISBURG, PA 17105-1724

tgambelunghe@psea.org

An application should be received by the PSEA Retirement & Welfare Committee at least 10 days in advance of one of the committee's regularly scheduled meeting dates in order for the committee to complete its review of the application prior to the committee meeting. A committee member will need to interview you and contact the president of your local association, the president of the PSEA region in which your association is located, and the PSEA UniServ Representative for your local association.

Retirement & Welfare Committee Meeting Dates for 2022-2023: October 14-15, 2022, January 20, 2023, and May 5-6, 2023