

**PSEA EDUCATION FOUNDATION
WELFARE ASSISTANCE GRANT APPLICATION
Sept. 1, 2025 – Aug. 31, 2026**



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 INFORMATION:

| | | | | |
|---|--|--------------------------|-------------|-----------------|
| 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 Service: | Years of Service in Present Employment: | | | |
| | | | | |

Are your PSEA/NEA/Local dues up-to-date? ☐ YES ☐ NO

HOUSEHOLD INCOME:

Please list all the people who live in your household and their income, starting with yourself:

| | Age | Relationship | Claimed as Dependent on your Federal Income Tax Return | | | | Information on income is only required for you, your spouse, and any claimed dependents: | | |
|------------------|-----|--------------|--|--|----|--|--|-------------------------------|------------------------|
| | | | 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: _____

Amount in GoFundMe or Other Fundraising Account: _____

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 WILL BE USED FOR: (CHECK ONE BOX)

- ☐ Food/Clothing ☐ Housing (Rent/Mortgage/Utilities) ☐ Transportation
☐ Medical expense ☐ Funeral Expense ☐ Other basic needs: Pay for _____ (Be very specific and concise)

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 |
| Community | Veteran's Assistance | Other | | | |

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

SIGNATURE OF APPLICANT:

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 | 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 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 2025-2026:
October 3-4, 2025, February 27, 2026, and May 15-16, 2026