PSEA EDUCATION FOUNDATION WELFARE ASSISTANCE GRANT APPLICATION Sept. 1, 2020 – Aug. 31, 2021



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.

Name:							PSEA ID #:					
Street Address:			City: State:			State	:	Zip:	Phone #:			
Date of Birth:			Present Employer:						Present Position:			
Length of Membership:				Associ	atio	1:			Region:			
Length of Public School Service:				Years of Service in Present Employment:								
Are your PSEA/	NEA/Loc	cal dues up to date?	?		Y	ES		□ NO				
HOUSEHOLD	INCOME	:										
Please list all th	ie people	e who live in your h	ouseh	old and	l the	ir inco	me, s	tarting with yourself:				
			Claimed as Dependent on					Information on income is only required for you, your spouse, and any claimed dependents:				
	Age	Relationship	your Federal Income Tax Return				n	Earned Income	Other Income*	Source of		
				Yes		No		(gross monthly)	(gross monthly)	Other Income		
Yourself		self										
Person #1												
Person #2												
Person #3												
Person #4												
					S	UBTO	TALS	·				
					GR	AND T	OTAL	. .				

^{*} 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 (i	fany)

GRANT AMOUNT REQUESTED: (CHECK ONE BOX)			
□ \$500 □ \$1,000 □ \$1,500 □ \$2,000 □Other not	to exc	eed \$2,000	EDUCATION FOUNDATION
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 s	pecific and concise)
GRANT HISTORY:			
Have you applied for a PSEA Education Foundation Welfare Assistance Grant in the la August school years prior to this current school year)?	st 3 ye	ars (the las	t 3 September-
Have you received a PSEA Education Foundation Welfare Assistance Grant in the last	3 year	s (the last 3	September-
August school years prior to this current school year)?		YES	□ NO
DESCRIPTION OF HARDSHIP:			
You must attach a statement explaining why you are requesting assistance. Your statement facing which must be the result of illness, death, crime, accident, fire, flood, other disasters, burdens arising from events beyond your control, and may also include any special or unique financial need.	or simi	lar sudden c	or severe financial
OTHER ASSISTANCE APPLIED FOR: (PLEASE CIRCLE ALL THAT APPLY)			
	SEA Re elfare (Medical Sabbatical
Community Veteran's Assistance Other			
If application has been made, indicate present disposition of applications. If insurance clain	n filed,	disclose amo	ount of claim:
SIGNATURE OF APPLICANT: I certify that I have examined this completed application and the facts and statements describing my hardship and the manner in which I will use the grant are true and cor and belief.		-	
SIGNATURE	DAT	E	

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 2020-2021:
October 2, 2020, January 29, 2021, and April 23, 2021