



*Robert R. DeCormier Memorial Trust Fund*  
an affiliate of  
**The New York State Retired Teachers' Association, Inc.**  
8 Airport Park Blvd., Latham, NY 12110-6414  
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**TWO PAGE 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 of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a member of NYSRTA? \_\_\_\_\_ When did you join? \_\_\_\_\_ Zone \_\_\_\_\_

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

Total non-reimbursed expense? \_\_\_\_\_ Amount requested? \_\_\_\_\_

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

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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):

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*Robert R. DeCormier Memorial Trust Fund* continued

Name \_\_\_\_\_

What is your total monthly income? \_\_\_\_\_ (itemize below)

Pension: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_

Annuities: \$ \_\_\_\_\_ Interest: \$ \_\_\_\_\_

Support from family and friends: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

What are your total monthly expenses? \_\_\_\_\_ (itemize below)

Rent/mortgage: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_ Medicines: \$ \_\_\_\_\_

Utilities and fuel: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_

Transportation (car, bus, taxi): \$ \_\_\_\_\_ Personal items: \$ \_\_\_\_\_

Household help (nurses, homemakers, etc.): \$ \_\_\_\_\_

Home maintenance: \$ \_\_\_\_\_

Other (please list): \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please add any comments that will help the Trustees to more fully understand your circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach documentation from the vendor(s) regarding the expected cost of your service(s). A receipt showing proof of payment will be required after the service(s) has been completed.**

**Mail this completed two page application and cost estimate to: *Robert R. DeCormier Memorial Trust Fund, NYSRTA, 8 Airport Park Blvd., Latham, NY 12110-6414.***

Revised 2015