



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
Phone: (518) 482-3509
Web Site: www.nysrta.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 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 _____

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):**

Upon review of this application by the trustees, if approved, you will be asked to supply an estimate or documentation from the vendor(s) regarding the expected cost of your service(s). Upon successful and satisfactory completion of the service a check will be mailed directly to the vendor.

*Mail this completed application and cost estimate (if available at this time) to: Anne Flansburg, Chair
24 Amherston Dr., Williamsville NY 14221-7002*