MARY MULDOON FUND NYSUT Emergency Fund Grant Application

Amount Requested: \$
Check(s) to be made payable to (include complete address)
1. Name:
2. Age:
3. Date of Birth:
4. Home Address:
5. Marital Status:
6. Do you have any dependents? If so, please provide their approximate ages and relationship:
7. Are you a member of the New York State United Teachers?
8. Are you seeking financial aid as a result of sickness or injury? If so, please describe (including duration)

- a. How long have you been absent from school?
- b. Do you have sick days? If so, please provide the number or days:
- c. Do you or does your employer carry any type of medical insurance or workman's compensation that covers your present condition?

d. How much of your incurred me	edical expenses are covered by medical	al insurance?
Are you eligible for New York State Teac If so, have you applied?	thers Retirement or Social Security Di	isability Benefits?
10. If your request for aid is not due to ill	ness or injury, please explain the natu	are of your request for aid:
I understand that: (a) the above report Committee; (b) the Trustees will use it of for an emergency grant or other paymen purpose; and (d) I am certifying that all to the best of my knowledge.	nly as a basis for determining whethont; (c) I am required to use the grant	er I am to be recommende t for its intended charitabl
	Signed	
Subscribed and sworn to before me at		this
day of, 20		
	Notary Public:	

NOTE: The Trustees suggest that the applicant may wish to write a letter supplementing this report to eliminate any misunderstanding, and to give more detail where it may be deemed necessary. Please remember also, that the Fund does not have enough resources to undertake lengthy or extremely expensive cases of illness.