

LONG ISLAND TEACHERS BENEVOLENT FUND

100 South Main Street
Suite 205
Sayville, NY 11782

APPLICATION FOR MILITARY SERVICE GRANT

ELIGIBILITY: Dues paying in-service members of participating NYSUT locals in the Long Island Teachers Benevolent Fund who have been called up to active military service in the United States armed forces and who as a result suffer loss of income.

MAXIMUM GRANT: One time \$600 grant per applicant

APPLICATION PROCESS: Dues paying members must complete this application, attach required documentation and submit the application to their local president. After reviewing the application the local president will forward it, with recommendation, to the Fund Coordinator. The disposition of the application will be determined by action of the Trustees of the LITBF.

Name of Applicant: _____

Local name and member #: _____

NYSUT member #: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you been called to active military service? _____

Recall dates: _____

How much has your income been reduced as a result of your recall to active service?

Signature of Applicant: _____

A copy of documentation such as recall orders must be attached.

This section must be completed by Local President

President's Name: _____

Local: _____

Is applicant an in-service member of the local? _____

Does your district/employer provide military leave benefits beyond what is required in the law?

If yes, please indicate what those benefits are: _____

Do you recommend approval of the application? _____

Comments: _____

Are copies of documentation attached? _____

Signature of Local President: _____