

LONG ISLAND TEACHERS BENEVOLENT FUND

100 So. Main Street
Suite 205
Sayville, New York 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 their recommendation to the Fund Coordinator. The disposition of the application will be determined by action of the Trustees of the LITBF.

Name of Applicant: _____ NYSUT ID #: _____

Local name and #: _____

Member Mailing 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: _____ Date: _____

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

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THIS SECTION IS TO BE FILLED OUT BY LOCAL PRESIDENT

Name: _____

Local Name: _____ Local #: _____

Is the applicant currently a dues paying member of the local? Yes _____ No _____

Does your district/employer provide military leave benefits beyond what is required in the law? Yes _____ No _____

If yes, please indicate what those benefits are: _____

Do you recommend approval of the application? Yes _____ No _____

Why Yes or No: _____

Proper copies of documentation are attached.

Signature: _____ Date: _____

Mail To: Long Island Teachers Benevolent Fund, 100 South Main Street, Suite 205, Sayville, NY 11782