

# LONG ISLAND TEACHERS BENEVOLENT FUND

100 So. Main Street  
Suite 205  
Sayville, New York 11782

## 2022-23 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