

**LONG ISLAND TEACHERS BENEVOLENT FUND**

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

**BURIAL AWARD APPLICATION**

**ELIGIBILITY:** Payable to the individual who incurs the funeral expenses of any member of a participating local who dies while in active service.

**APPLICATION PROCESS:** Local of the deceased makes application for the grant by completing this form and submitting it, along with a death certificate, to the Fund Coordinator.

**AMOUNT OF AWARD:** \$ 600.00

Name of deceased: \_\_\_\_\_ Social security No.: \_\_\_\_\_

Was the deceased an active employee of the District/Employer  
at the time of death: \_\_\_\_\_

Name of individual paying funeral expenses \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Relation to deceased: \_\_\_\_\_

Name of Local: \_\_\_\_\_

\_\_\_\_\_  
Signature of Local President

\_\_\_\_\_  
Date

**NOTE: A copy of the Death Certificate must accompany this application.**

**Forward to: Long Island Teachers Benevolent Fund**

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APPLICATION FOR FINANCIAL GRANT

ELIGIBILITY:

Members of NYSUT Locals who are participants in the Long Island Teachers Benevolent Fund, and who are in dire need of financial assistance due to:

(1) death or serious illness in the immediate family requiring extraordinary expenditures **not covered by insurance**, (excluding co-pays and deductibles)

(2) sudden personal catastrophe, such as loss of home by fire, etc., **not covered by insurance**. (excluding co-pays and deductibles)

MAXIMUM GRANT: \$600 per applicant

APPLICATION PROCESS: Members must complete this application, attach documentation of expenditures, and submit the application to their Local President. After reviewing this application the Local President will forward it, with his/her 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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE CHECK REASON FOR FINANCIAL NEED:

\_\_\_ Death in the immediate family. Name of the deceased: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Age: \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_ (Must submit bills)

Life Insurance on deceased (total): \$ \_\_\_\_\_

\_\_\_ Serious illness in family. Name of patient \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Age: \_\_\_\_\_

Is patient covered by any Health Insurance Plan? Yes \_\_\_ No \_\_\_

If "yes" name of plan \_\_\_\_\_ Policy holder: \_\_\_\_\_

Name of individual whose policy this is: \_\_\_\_\_

Total expenses: \$ \_\_\_\_\_ (Must submit bills)

\_\_\_\_ Personal Catastrophe (such as loss of home by fire)

State nature of catastrophe: \_\_\_\_\_

Total Expenses resulting from this: \$ \_\_\_\_\_ (must submit bills)

Is any portion of these expenses covered by insurance? Yes \_\_\_\_ No \_\_\_\_

If "yes", how much is **NOT** covered by insurance? \*\$ \_\_\_\_\_

**\*Submit documentation showing amount paid by insurance and bills not covered by insurance**

I attest that the information provided on this application is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS SECTION IS TO BE FILLED OUT BY LOCAL PRESIDENT**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Local: \_\_\_\_\_

Is the applicant currently a member of the local? \_\_\_\_\_

Do you recommend approval of this application? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Note: Grant does not cover insurance co-pays or deductibles**

**2012-2013 LONG ISLAND TEACHERS BENEVOLENT FUND  
LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION**

**L.I.T.B.F.  
100 SOUTH MAIN STREET, SUITE 205  
SAYVILLE, NY 11782**

**ELIGIBILITY:** Children of in service members of NYSUT locals which are participants in the Long Island Teachers Benevolent Fund, who are high school seniors, graduating this year, and who will be attending a postsecondary institution on a full time basis.

**CRITERIA:** Academic achievement as evidenced by school transcripts, including a Xerox of your SAT scores and Grade Point Average\* If your school transcript does not contain the GPA, your guidance counselor must submit a statement with your scores.

**SPECIAL NOTE:** *-DEADLINE FOR APPLYING: APPLICATIONS MUST BE RECEIVED BY the PARENT'S LOCAL UNION BY MARCH 8th and LITBF BY MARCH 15th. IT IS THE RESPONSIBILITY OF THE LOCAL PRESIDENT TO SUBMIT A COMPLETED AND SIGNED APPLICATION, INCLUDING SAT SCORES AND STUDENT TRANSCRIPT WITH GPA. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE LOCAL PRESIDENT. IF THE APPLICATIONS ARE RESUBMITTED AND COMPLETED BEFORE THE DEADLINE, THEN THEY CAN BE CONSIDERED FOR A SCHOLARSHIP GRANT.*

**Maximum Award:** \$500

\*\*\*\*\*

**Part I -To be completed by the applicant. (PLEASE TYPE OR PRINT)**

Applicant's Name: \_\_\_\_\_ High School: \_\_\_\_\_

Home Address:

\_\_\_\_\_

street

city

state

zip

Home Telephone Number: \_\_\_\_\_

Name of College or Post-Secondary educational institution you will be attending: \_\_\_\_\_

Intended Course of Study: \_\_\_\_\_

Estimated Cost of First Year: \$ \_\_\_\_\_

I attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant: \_\_\_\_\_

\*\*\*\*\*

**NOTE TO APPLICANT:**

Complete and sign Part I, have your parent complete and sign Part II (on reverse side) and have your guidance counselor attach a STUDENT TRANSCRIPT to this application. The completed application, with transcript, should be sent to the PRESIDENT OF YOUR PARENT'S LOCAL for verification and forwarded to the Long Island Teachers Benevolent Fund by no later than MARCH 15th in order to be considered. ONLY COMPLETED APPLICATIONS WITH TRANSCRIPTS, SAT SCORES AND LOCAL UNION PRESIDENTS SIGNATURES WILL BE CONSIDERED.

**WHILE TRANSCRIPTS ARE REQUIRED FOR EACH APPLICATION THEY NEED NOT BE CONFIDENTIAL. SEPARATE ENVELOPES CONTAINING INDIVIDUAL TRANSCRIPTS MERELY ADD TO PROCESSING TIME.**



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## APPLICATION FOR MILITARY SERVICE GRANT

**ELIGIBILITY:** 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:** 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: \_\_\_\_\_

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.**