

THE EDITH STEWART CHASE FOUNDATION

Milford Common – Suite #114
258 Main Street, Milford, MA 01757-2506
Tel: 508-422-0109
Email: edithchase751@aol.com

Grant Application

(Note: All responses and documentation are held in strict confidence)

All questions must be answered and all requested documentation must be attached to be considered.

Section 1 Applicant

Please Print:

Name: _____

Street: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Cell)

Retired from teaching in Massachusetts: Yes _____ No _____ Year of Retirement: _____

Number of years teaching in Massachusetts: _____

Member of REAM (Retired Educators Association of Massachusetts): Yes _____ No _____

Note: If any grant recipient is not a member of REAM, dues will be deducted from grant award.

Have you applied to the Edith Stewart Chase Foundation before? Yes _____ No _____

Have you been awarded an Edith Stewart Chase Foundation Grant? Yes _____ No _____

If yes, what

year(s): _____

Amount of award(s): _____

The purpose of the Edith Stewart Chase Foundation is to grant emergency financial assistance to retired educators who confront an economic crisis.

Section 2: Description of Economic Crisis

Describe your economic crisis and why you are seeking emergency financial assistance. Include the total amount of funds you are seeking. All documentation included will strengthen your application request (i.e. estimates, bills, etc.) . If Xeroxed copies are attached, they must be readable.

*Use the backside of this document if more space is needed or attach the description to the application.

Total Amount Requested: _____

Section 3: Required Financial Information

Note: You MUST be receiving a pension from the Massachusetts Teachers Retirement System (MTRS) to be eligible for the grant.

List **your** sources of monthly and annual income and other assets AND attach most current statements for each:

Teacher Retirement \$ _____ per month
Social Security \$ _____ per month
Savings Account \$ _____ Bank(s) _____
IRA/Roth/ Investments, etc. \$ _____ per month or _____ Total Account Amt.

List all other sources of income used to support you AND your household. This should include support from spouse, alimony, partners/significant others, family members contributing to the household.

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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List real estate properties and investments that are not currently generating income (i.e., vacation property, second home). Attach copies of most recent tax bill for each listed.

Property/Investment	Current Value
_____	_____
_____	_____
_____	_____
_____	_____

Current residence:

Do you rent (Yes ___ No ___) or own (Yes ___ No ___) your residence?

If you rent, what is your monthly rent? _____

If you own, what is your monthly mortgage? _____

Is your home/condo in your name or is it shared with someone? _____

Is your home in a trust or life estate? Yes ___ No ___

Do you have any other financial encumbrances for your place of residence? Yes ___ No ___

Please explain and attach documentation of proof:

Have you, within the last 5 years, transferred assets out of your name? Yes ___ No ___

If yes, please explain what was transferred and to whom and attach documentation of proof

Do you currently have anyone residing with you in your home? Yes ___ No ___

If yes, list the names and relationships of any person(s) living with you and their financial contributions to the household.

Name	Relationship	Contribution(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Do you have unfunded liabilities (i.e., credit card debt, medical bills)? Yes _____ No _____
If yes, list them below including the amount AND attach most recent invoice/bill for each listed.

Unfunded Liability	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT NOTICES

Do not proceed with any purchase(s)/contract(s) until you receive written approval from The Foundation, if planning on using Foundation funds as partial or full payment. *You will receive a letter from The Foundation regarding your status. If approved, you will receive a letter to be signed and returned indicating you will use the awarded funds only for the specific expenses cited in your application request and as approved by the Trustees. You will be required to send proof of payment in a timely manner. In most instances, checks will be made out to the institution/agency/contractor, etc. and not to the individual requesting assistance.*

Attach ALL required documentation to this application. Failure to do so will result in the application not being considered by The Foundation.

If you wish to have someone else write or speak to us on your behalf, please complete the following:

Name _____ Relationship: _____
Relationship _____ Email: _____
Address _____
Street City State Zip

SIGNATURE OF APPLICANT: _____ DATE: _____

By signing this application, I declare that the information provided is true and accurate. If found to be not true and accurate, upon notification of such, I immediately will return all the funds back to The Foundation.

The Edith Stewart Chase Foundation qualifies as a tax deductible organization as described in IRC 501 (c) (3)

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