



The mission of "A Hand UP" is to give financial assistance to IRTA members to help uplift their quality of life when a need or emergency impedes their life.

Complete Section 1 and Section 2, if applicable, and return to: Indiana Retired Teachers Foundation, 2629 Waterfront Pkwy East Drive, # 105, Indianapolis, IN 46214, attn.: Julie Green.

**SECTION 1**

Grant Seeker Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Is the grant seeker receiving an INPRS (TRF) pension? \_\_\_\_\_ TRF Number, if known \_\_\_\_\_

Amount requested (the fund has a \$1000 maximum): \_\_\_\_\_

Please describe how the money requested will be spent:

*(You may also include any supporting documentation you deem helpful.)*

Check should be made out to: \_\_\_\_\_

*(If requesting a bill be paid, please accompany your request with a billing statement for direct payment purposes.)*

How would you like to be notified of the committee's decision?    Email    Phone    Mail    *(circle one)*

**SECTION 2** *To be completed only if Section 1 is completed by someone other than the Grant Seeker.*

Name of Person Completing Application \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION 3** *For Foundation Office Use Only*

\_\_\_\_\_  
IRTF Representative Signature

Approved    Denied    Not Eligible  
More Information Required/Decision Pending

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Check Number: \_\_\_\_\_

**The information on this application will remain confidential.  
If your financial situation improves, please consider donating to "A Hand UP" in the future.**