



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 Association Foundation, P.O. Box 715, Plainfield, IN 46168, attn.: David Scherer.

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 (check 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

_ IRTAF 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.