Emergency Assistance for Retired Elementary or Secondary School Teachers

If you, or someone you know, is retired from the Kansas City School district and has an unexpected expense that has caused a personal financial crisis, you may apply for emergency assistance funds up to $500.

The Kansas City Association of School Retirees (KCASR) will be receiving/reviewing the applications during the year and awarding funds by November of each year.

This will be a onetime benefit of $500 or less for a specific financial need. Application may be made at any time. Expect the process to take about 45 days. The maximum request is $500. Payments will be made until the annual amount of $500 is distributed.

There are two sources of this emergency assistance funding. The Emma W. Webster Trust for retired elementary teachers and the Paseo Alumni classes of 1947-48 fund for retired secondary teachers. Every year up to $500 can be awarded to a retired elementary teacher and up to $500 to a retired secondary teacher.

The application is on the page below. Print it and send your completed application to:

KCASR
Attn: Loxie Stock
1640 Cypress
Kansas City, MO 64127

Or email to:

loziek@yahoo.com
Retired Teacher Emergency Assistance Application Form

Please mark the fund for which you are applying.

☐ Emergency Assistance Application Retired Secondary School Teachers
   Paseo Alumni (Classes of 1947-48) “Remember Who You Are Fund”

☐ Emergency Assistance Application for Retired Elementary Teachers
   Emma W. Webster Trust

Funds may be used to assist with utilities, emergency food needs, housing, clothing and prescriptions. Emergency travel for bereavement of family member illness may be included.

Name ____________________________________________
Address __________________________ City _____________ State _____Zip ________
Phone _________________ Cell _________________ Email ____________________________

Are you retired from the Kansas City, Missouri School District?  Y  N  Year retired _______
Teacher certificate number ______________________
Explain how you will use the funds.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

These are one time benefits.
Do you receive SSI, SNAP, or other benefits?  Y  N
Total monthly income $____________________  Pension $____________________
Other income $____________________  Other income $____________________

*** If recommending someone for this fund, fill out information below. ***

Name of person recommending individual ____________________________________________
Phone ____________________ Email ____________________________________________

Reason for recommending this individual ____________________________________________

Emergency Assistance Program follows a nondiscriminatory policy of family selection. Neither race nor religion is a factor in choosing recipients. Recipient will be selected based on their level of need and availability of funds.