

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:

loxiek@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.