



## **CUPHSONAA Stipend Benefits Application**

**July 1, 2019 - June 30, 2020**

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### Eligibility requirements:

1. Applicant must be at least 65 years old;
2. Demonstrate financial need with a maximum annual income of \$30,000 for an alumnus or \$35,000 for a couple; and
3. Applicant must be a dues-paying member of CUPHSONAA for the past five consecutive years. If dues have not been paid, the applicant must pay back dues for those past five years if the application is accepted and the benefit is to be awarded. If this requirement has not been met but there is a clear case of need, assistance with membership requirements will be considered.

### Documentation:

Stipend recipients are required to submit supporting documentation to verify their income annually. Submit one of the following documents with the completed application:

1. IRS Form 1040;
2. Social Security benefits annual statement;
3. Monthly bank statement; or
4. A notarized statement declaring total annual income, including dividends, trust income, gifts, etc.

Submit the completed application and all supporting documentation via e-mail or postal mail by June 1, 2019.

Contact Information

Name:			
Date of Birth:		Class of:	
Address:			
Home Phone:		Mobile Phone:	
Email:			
Filing as (select one):	<input type="checkbox"/> Single	<input type="checkbox"/> Couple	

Additional Point of Contact

Name:	
Phone:	
Email:	

Employment

Employment Status (select one):		
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Semi-Retired
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Retired
	<input type="checkbox"/> Disabled	
If Employed, Name of Employer:		

Annual Income

Wages:	\$	Interest:	\$
Social Security:	\$	Dividends:	\$
Annuities:	\$	Pension(s):	\$
Other:	\$		
Explain Other:			
Total Annual Income:	\$		

Annual Expenses

Housing:	\$	Transportation:	\$
Insurance:	\$	Food:	\$
Medical:	\$		
Other:	\$		
Please explain:			
Total Annual Expenses:	\$		

Please indicate any significant changes in your annual income, living expenses, or medical expenses since last year:

If you have dependents, please indicate their ages and support received:

Please provide any additional information that may be relevant to your stipend application:

Do you receive any assistance from federal or state sources that may be reduced should you receive a stipend gift from CUPHSONAA, Inc.? If so, what type of assistance is received and what is the monthly amount?

Stipend Payment Methods

Select Preferred Method of Payment:	<input type="checkbox"/> Check	<input type="checkbox"/> ACH
If Check selected, provided your preferred mailing address for the check:		
If ACH selected, attach a voided check to the application and provide the following:		
	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
	Bank Account Number:	
	Routing Number:	

Prior to submission, attach the following documentation:

1. Income verification, per the list on page 1 of the application. The information will be kept confidential.
2. Proof of age. Submit a photocopy of one of the following documents with the completed application:
  - a. Driver’s license;
  - b. Passport; or
  - c. Birth certificate

If you are renewing your stipend application, proof of age documentation is not required.

Signature:	
Date:	

If you received assistance in completing the application, we ask the individual who provided assistance to provide their information.

Assistance with Form

Name:			
Address:			
Home Phone:		Mobile Phone:	

Email:	
Relationship to Applicant:	

If you have any questions, contact CUPHSONAA at 978-577-5079 or by email at [admin@cuphsonaa.org](mailto:admin@cuphsonaa.org). Submit the completed application and all supporting documentation via e-mail or postal mail by June 1, 2019.