

**THE PENN STATE UNIVERSITY RETIREES ASSOCIATION
ASSISTANCE FUND APPLICATION**

Information on this form is confidential. It is used by Fund Committee members only – see below for Committee Chair name, address, and phone number.

Name: _____

Application pertains to needs of Retiree Spouse

If spouse has been checked, provide name of Retiree: _____

Year retired from Penn State: _____

Address: _____ **Phone:** _____

Email: _____

Last four digits of S.S.# _____ **Amt. Requested** _____

Describe briefly why you are requesting emergency funds _____

Monthly Income of Retiree: SS _____ Penn State Pension _____
Monthly Income of Spouse: SS _____ Any Pension _____

Mail completed form to:

Iris Flynn
500 E Marylyn Ave, K-178
State College, PA 16801
Phone: 814-238-4604
Email: ipf1@psu.edu

For Committee Use Only:

Date Reviewed _____ Decision _____ Date Client Informed _____