National Association of Agricultural Educators  
Agricultural Educator Relief Fund

Eligibility
All NAAE active members, except current members of the NAAE board of directors, are eligible to receive a one-time assistance stipend up to $500.00 to assist in an extreme time of need from the NAAE Agricultural Educator Relief Fund. In the case of a deceased NAAE active member, the surviving spouse or dependent(s) may receive the one-time assistance stipend. In extreme situations, such as the progression of a catastrophic illness, the same NAAE member may receive one additional stipend up to $500 from this fund, with the second stipend granted at least 12 months after the initial stipend.

Application Procedures
What to Submit: The application must be submitted by the NAAE active member’s respective state agricultural education association leadership. The application must include the following components:

1. **Application Cover Sheet** – The application cover sheet, included in this application packet, and a narrative not to exceed one page (see #2 below), must be completed by the NAAE active member’s state agricultural education association leadership; the application cover sheet must be signed by the state agricultural education association president.

2. **Narrative** – A written narrative detailing why the NAAE active member is in need of assistance must be submitted. The narrative must be included as a one-page attachment with the application cover sheet. Please do not submit more than a one-page attachment per application.

3. **When and Where to Submit** – Complete applications must be submitted by the NAAE active member’s state agricultural education association leadership to the NAAE office at:

   NAAE
   2525 Harrodsburg Road, Suite 200
   Lexington, KY 40504-3358
   Phone: (859) 967-2892
   E-mail: NAAE@uky.edu

Evaluation Procedures
The executive committee of the NAAE board of directors will review all applications submitted by state agricultural education associations. Upon approval, stipends will be sent directly to the NAAE active member, with notification to the state agricultural education association president.

Contributions to the Fund
The NAAE Agricultural Educator Relief Fund is funded by contributions from state agricultural education associations and individual NAAE members. To contribute to this fund, submit payments to the NAAE office in Lexington, Kentucky. Please direct questions/comments via e-mail to NAAE@uky.edu or by telephone at (859) 967-2892.
National Association of Agricultural Educators
Agricultural Educator Relief Fund
Application Cover Sheet

Name of Applicant ___________________________ Applicant’s Spouse ___________________________
(including prefix: Dr., Mr., Mrs., Ms.)

State Association ________ NAAE Region ________

Applicant’s Home Street Address ___________________________

City __________________ State _______ Zip _______ Home Phone ________
(including area code)

Applicant’s School Name ___________________________

Applicant’s School Street Address ___________________________

City __________________ State _______ Zip _______ School Phone ________
(including area code)

School Fax __________________ E-mail Address __________________
(including area code)

Narrative: Please attach detailed description, no more than one-page, why the NAAE member above is
need of assistance. Please do not attach more than one page per application.

State Association Certification
I certify that this nominee is: 1) in need of assistance from the NAAE Agricultural Educator Relief Fund;
and 2) is an active NAAE member in good standing with both my state agricultural education associa-

State President must check one category below. The NAAE board of directors executive committee
will make every effort to grant all legitimate requests for relief, based on: 1) the recommendation from
the state association leadership; and 2) the availability of funds.

_____ Extreme Hardship Situation – $300 to $500 requested

_____ Severe Hardship Situation – $150 to $300 requested

_____ Moderate Hardship Situation – $50 to $150 requested

State President ___________________________ State Association _______ Date ______
(printed or typed)

State President ___________________________ (pen and ink signature)

Work Phone ________ Cell Phone ________ Home Phone ________
(including area code) (including area code) (including area code)

E-mail Address ___________________________