



## **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.

### **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  
300 Garrigus Building  
Lexington, KY 40546-0215  
Phone: (859) 257-2224 or (800) 509-0204; Fax: (859) 323-3919  
E-mail: [NAAE@uky.edu](mailto: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](mailto:NAAE@uky.edu) or by telephone at (859) 257-2224 or (800) 509-0204.

**National Association of Agricultural Educators  
Agricultural Educator Relief Fund  
Application Cover Sheet**

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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)*

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**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.

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**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 association and the NAAE.

**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 \_\_\_\_\_ *page 2 of 2*