



Since 1892

Columbia University Presbyterian Hospital
School of Nursing Alumni Association, Inc.
480 Mamaroneck Ave
Harrison, NY 10528
(914) 481-5787
Fax (914) 481-5788
admin@cuphsonaa.org

Stipend Application for July 1st, 2014 through June 30th, 2015

Eligibility requirements: 1) Applicant must be at least 65 years old and 2) demonstrate financial need with a maximum annual income of \$25,000 for an alumnus and \$30,000 for a couple.

All applicants must be dues-paying members of our Association for the past five (5) consecutive years. If dues have not been paid, the applicant must pay back dues for those past five (5) 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.

OFFICIAL DOCUMENTATION OF NEED IS REQUIRED. An IRS 1040 form, a Social Security Benefits annual statement, a monthly bank statement or notarized statement declaring TOTAL income, including dividends, trust income, gifts etc. must be submitted with this application in order for the application to be reviewed.

NAME: _____ CLASS OF: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

MARITAL STATUS: _____

Name and address of designated person to be contacted if we are unable to reach you:

Employment Status (circle one): Active part-time semi-retired retired disabled

Employer: _____

INCOME: COMPLETE THE FOLLOWING SECTIONS WITH MONTHLY FIGURES.

Employment: \$ _____ Interest: \$ _____

Social Security: \$ _____ Dividends: \$ _____

Annuities: \$ _____ Pension(s): \$ _____

Other sources of meeting expenses: please specify: _____

Total income per month: _____

EXPENSES

Please describe your living situation and costs of housing.

Please describe your medical situation including monthly cost of medications.

Please indicate any unusual expenses incurred this past year.

Please indicate any change in your living/income/medical expenses since last year.

If you have dependents, please indicate their ages and support that is received.

Is there anything else you would like to add?:

Are you receiving any assistance from the Federal or State sources that could be reduced because of the gifts you receive from the Alumni Association?

You must attach:

- 1) a copy of last year's 1040 income tax form (if you file one) or other documentation of income described above. The information will be kept confidential.
- 2) Proof of age (photocopy of driver's license, passport, or birth certificate) If you are a repeat applicant, you need not submit further documentation of age.

Your signature: _____ Date: _____

Other person who helped to complete this form and their relationship to you:

Name: _____

Address: _____

Telephone: _____ E-mail address: _____

If you have any questions, contact us at (914) 481-5787 or by email at admin@cuphsonaa.org

Please send this **application and all supporting materials** by June 1st, 2014.

Fax: 914-481-5788 E-mail: admin@cuphsonaa.org,

or mail it to:

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Application deadline: June 1st, 2014