FLORIDA RETIRED EDUCATORS FOUNDATION, INC.
APPLICATION FOR EMERGENCY FINANCIAL AID

Applicant Name		Date of Birth
Address	City	State Zip
Phone		Email
Have you been a member of FREA longer than 5 years?		# Years:
Nearest Relative or Friend		
Address	City	State Zip
Phone	Email	
Circumstance: Relate briefly circumstance pertaining to your financial crisis. (Use back of page if necessary)		
Amount requested	$	
Signature		Date
Comments and recommendations of President of local Retired Educators Association		
President's Name	Signature	Date
Address	Phone	Email
Comments and recommendations of FREF Chair of Board of Trustees		
Amount approved $	Signature	Date