Lincoln Education Association Foundation

APPLICATION FOR CATASTROPHIC ASSISTANCE GRANT

Applications for assistance can be submitted by another individual on behalf of the LEA member or the member may self nominate.

Nominee: _____ School: _____

Address: _____ Home Phone: _____

Position or Assignment: _____

Summary of need; please share a short description of the situation and how monetary assistance would be beneficial to the LEA Member.

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Amount requested (up to $250). _____

Signature_____
(applicant or nominator)
(for on-line applications, receipt sufficient)

Date_____

Applications are reviewed on an as needed basis.

Applications may be obtained and completed on the LEA website at
www.lincolneducationassociation.org
click on LEA Foundation

The completed application may also be sent to:
LEAF Catastrophic Assistance Grant Committee, 4920 Normal Blvd., Lincoln, NE 68506
or through School Mail, LEAF Catrastrophic Assistance Grant Committee, LEA Office (no address or box # needed)
or e-mail to taina.radenslaben@nsea.org