



## **Illinois Association of Career & Technical Education Sunny Day Fund**

### **Eligibility**

All active IACTE members are eligible to receive a one-time stipend up to \$500.00 to assist in an extreme time of need from the IACTE Sunny Day Fund. In the case of a deceased active IACTE 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 active IACTE member's respective affiliate 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 active IACTE member's affiliate leadership. The application cover sheet must be signed by the affiliate president.
- 2. Narrative** – A written narrative detailing why the active IACTE 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 active IACTE member's affiliate to:

IACTE  
c/o Cindy Stover  
21 Grand Oak Dr.  
Lincoln, IL 62656 or  
E-mail: [info@iacte.org](mailto:info@iacte.org)

### **Evaluation Procedures**

The executive committee of the IACTE Board of Directors will review all applications submitted by state affiliates. Upon approval, stipends will be sent directly to the active IACTE member, with notification to the affiliate president.

### **Contributions to the Fund**

The IACTE Sunny Day Fund is funded by contributions from IACTE members, affiliates and IACTE fund raisers. To contribute to this fund, submit payments to the IACTE, c/o Jodi Ferriell, IACTE Treasurer, One College Park, Decatur, IL 62521. Please direct questions to [info@iacte.org](mailto:info@iacte.org).

**Illinois Association of Career & Technical Education  
Sunny Day Fund  
Application Cover Sheet**

Name of Applicant \_\_\_\_\_ Applicant's Spouse \_\_\_\_\_  
(including prefix: Dr., Mr., Mrs., Ms.)

IACTE Affiliate \_\_\_\_\_ Applicant's E-mail Address \_\_\_\_\_

Applicant's Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Applicant's Phone \_\_\_\_\_  
(including area code)

Applicant's Employer's Name \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employer's Phone \_\_\_\_\_  
(including area code)

**Narrative:** Please attach detailed description, no more than one-page, why the active IACTE member above is in 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 IACTE Sunny Day Fund; and 2) is an active IACTE member in good standing with both my affiliate and IACTE.

**State President must check one category below.** The IACTE Board of Directors Executive Committee will make every effort to grant all legitimate requests for relief, based on: 1) the recommendation from the state affiliate 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

Affiliate President \_\_\_\_\_ Affiliate \_\_\_\_\_ Date \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_