

CSEA William Turner Memorial Granny Grant Award Procedures

1. Our CSEA Retiree Unit is proud to provide financial assistance, (*amount to be determined annually at the January meeting*) to a grandchild or great grandchild of an eligible CSEA Retiree. The grant is for a grandchild or great grandchild that will be entering or continuing at a Community College, four-year college or Trade School.
2. Eligible CSEA Retiree means a dues paying member in the Retiree Unit. California residency is not a requirement for member or recipient.
3. Each council will be responsible for establishing a procedure for choosing the recipient and the timeline in which to apply. The Council should notify members in advance of the application period.
4. Out of State members are eligible to submit an application. The application must be submitted during the timelines of June 1 – May 31. The award recipient will be determined by a drawing at the Retiree Unit Executive Board meeting in September.
5. Each Council may request one Granny Grant within a 12 month period, within the timelines of June 1 - May 31.
6. If the CSEA Retiree cannot be present at the meeting they may mail their request/application to their Council President for consideration.
7. After the Council has selected a recipient, the Council shall forward the completed application requesting funds to the Chairperson of the Granny Grant Committee.
8. A certificate and check will be mailed to the Council President for presentation at a Council meeting, if possible. For out of state members, the certificate and check will be mailed to the recipient.

**CSEA Retiree Unit WILLIAM TURNER MEMORIAL
Granny Grant Request Form**
(Please Print)

Council Requesting: _____

Please consider my grandchild/great grandchild for the Granny Grant Award in the amount of _____
(to be determined annually).

Name of Grandchild or Great Grandchild

School Student Attended

School Student Plans To Attend

Retiree's Name

Retiree's Address

Retiree's Phone Number

Retiree's Signature

Date

Mail to: Your Council President

Council President's Signature _____

Council President's Phone Number _____

Council President's Address _____

How Did Your Council Make This Selection _____

Council President: Please forward this request to:

Granny Grant Committee Chairperson

Bill Regis

22 San Dimas Avenue

Santa Barbara, Ca 93111