

Pandemic Relief Funds Sub-committee

NJEA Pandemic Relief: Food Assistance Application

(This application is confidential and will not be shared with members of your Local or County. You must print & sign this application and mail or email it to NJEA at the address below. For confidentiality reasons, do NOT fax this form back to NJEA.)

Name: _____ Member ID# _____
Address: _____ County: _____

Local: _____

Phone: _____
Email Address: _____

1. Please describe in your own words how the COVID-19 pandemic has led to your family experiencing food insecurity. _____

2. How many dependents do you have? _____
3. How many people live in your household? _____

Applicant Signature: _____

*****Please mail this application to:**

**New Jersey Education Association
Attn: Accounting Department – Pandemic Relief
180 W State Street
PO Box 1211
Trenton, NJ 08607-1211**

Or email to: pandemicrelief@njea.org