

ALABAMA MARINES FOUNDATION
EMERGENCY FINANCIAL ASSISTANCE APPLICATION
- Please Print -

Last Name: _____ **First:** _____ **Middle:** _____ **SS# Last Four Digits:** _____

Military Status: Active Reserve Retired Honorably Discharged Family Member

Date of Birth: ___/___/_____ **Entered the Marine Corps From:** _____ **City:** _____ **County:** _____ **ST:** _____

Date of Entry: ___/___/_____ **Date Discharged:** ___/___/_____ **Grade:** _____

Local Home Address: _____

City: _____ **County:** _____ **ST:** _____ **Zip Code:** _____ - _____

If on Active Duty / Home of Record Address: _____

City: _____ **County:** _____ **ST:** _____ **Zip Code:** _____ - _____

Work Phone: ___/___/_____ **Cell Phone:** ___/___/_____ **Home Phone:** ___/___/_____

E-mail Address: _____

Marital Status: Single Married Divorced Legally Separated **Spouse's Name:** _____

Spouse is: Civilian Active Military Reserve Retired **Number of Dependents Including Spouse:** _____

Amount of Grant Requested: \$ _____ .00 **Intended Use of The Grant:** Food/Utilities/Clothing Transportation Dental/Medical Temporary Lodging Vehicle Repairs Disaster Relief Other: Explain:

Signature: _____ **Date:** ___/___/_____

Please attached your personal statement providing the reason for your need of financial relief, any documents establishing your service in the Marine Corps, any documents establishing that your home of record or present residence is in the State of Alabama and a notarized statement from an uninterested person attesting to your circumstances and the need for this grant.

Affiliated Organization Endorsement:

Organization Name: _____

Address: _____

Contact Person: _____ **Preferred Phone** ___/___/_____

E-Mail Address: _____

The AMF grant application of _____ is forwarded to the Alabama Marines Foundation for review and action with a recommendation that it be approved / not approved. Local funds, in the amount of \$ _____ .00 will be added to the AMF grant. No local funds are available for addition to the AMF grant.

Comments: _____

Signature: _____ **Date:** ___/___/_____

Position: Director Officer Other: _____

AMF Grant: Approved Disapproved **Signature:** _____ **Date:** ___/___/_____