

# LMC Veteran Relief Fund Fund Request Application



## Instructions:

Please complete the following information in its entirety so the Last Man Club can respond to your request in a timely manner. You will be notified if further information is required. All information will be kept strictly confidential.

#### **Section 1: Agency Information**

Date of Request:

Agency Requesting Funds:

Agency Contact Name:

Agency Contact Phone & Email:

# **Section 2: Applicant Information**

Applicant Name:

Age:

Branch of Service:

Dates of Service:

Country/Countries of Service:

Was the Applicant a Vietnam Service Ribbon Recipient?	YES	NO	
Does the Applicant currently reside in your county?	YES	NO	
Is the applicant currently serving in the U.S. Military?:	YES	NO	
Was the Applicant Discharged Under Honorable Conditions?:		YES	NO

# **Section 3: Funding Request Information**

Amount of Request:		
Date Funds Needed By:		
What Other Organizations/Agencies Are Working with this Veteran?		
Were Other Federal/State/Local Funding Options Available/Utilized? If Yes, Please Explain:	YES	NO

Who Should Payment Be Made To? (*The LMC does not make payments directly to individuals.*)

Description of Need:

Is the Veteran current	ly experiencing a fir	nancial hardship?	YES	NO
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How Does this Request Benefit the Veteran Moving Forward?

Is There Any Other Information That Would Be Pertinent to the Approval of this Application?

Signature of Requestor

I hereby authorize the release of this information to the Last Man Club Vietnam War Era of St. Peter Area for the purposes of this request. All personally identifiable information will be kept confidential but understand that some non-identifiable demographic data may be used for donor support reasons.

Signature of Veteran