FOUNDATION APPLICATION FORM

Complete and mail or FAX to:

Alabama National Guard Foundation, Inc.
P.O. Box 3412
Montgomery, Alabama 36109-0412
Phone: (334) 270-2968 FAX: (334) 523-4021

Entire application MUST be complete to be considered

*Funds provided are a **one-time** gift to assist Alabama Army & Air Guard families during unique financial hardships.*

1. TO BE COMPLETED BY THE APPLICANT:

Date:	Phone #:	E-mail:
Guard Member's Name:		
Name/Relationship of person applying if not Guard Member:		
Street Address:		
City:	State:	Zip:
Unit:	MACOM:	Rank:
Member currently deployed?	Dates of last deployment:	
Has assistance ever been received on behalf of the above listed guard member?		

In detail, explain the situation that created your need for financial assistance. **If requesting assistance with bills**, attach copies of bills showing company, address and amount and list the order of priority you would like them paid. Please use a second sheet if more room is needed to explain your situation.

Amt. Requested: $

Please list other agencies with whom you are in contact regarding this situation. (Ex. Red Cross, VFW, military relief agencies, etc.)

I certify the above information to be true and correct. I authorize verification/release of information provided on this application to the Alabama National Guard Foundation, Inc.

Signature: Date:

APPLICATION MUST HAVE COMMANDER SIGNATURE BEFORE CONSIDERATION

2. TO BE COMPLETED BY UNIT LEADERSHIP:

Recommend funds are paid to: Creditors _____ Guard Member _____

Recommendation and Reasoning of UNIT LEADERSHIP:

Printed Name/Leadership Title and Phone Number:

UNIT LEADER Signature: _____

Printed Name/Commander and Position:

Date: COMMANDER'S Signature: _____