



FOUNDATION GRANT APPLICATION

Alabama National Guard Foundation, Inc.

P.O. Box 3412

Montgomery, Alabama 36109-0412

Phone: (334) 603-6833 Email: ALNGFoundation@gmail.com

Entire application MUST be completed 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: Guard Member _____ Creditor _____

Recommendation and Reasoning of UNIT LEADERSHIP:

Print Name, Rank, Title and Phone Number:

E-mail: _____ Leader Signature: _____

Print Commander's Name, Rank and Position:

Date: _____ COMMANDER Signature: _____