



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?		
<p>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.</p>		
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: