ARE THERE MINOR CHILDREN UNDER THE AGE 18 LIVING FULL-TIME IN HOUSEHOLD (Yes/No)?

*(if no, do not continue – applicant is not eligible)*

IS THE APPLICANT A CURRENT MEMBER OF THE AMERICAN LEGION OR AN ACTIVE-DUTY SERVICE MEMBER ON TITLE 10 ORDERS (Yes/No)?  *(if no, do not continue – applicant is not eligible.)*

IF APPLICANT IS A CURRENT MEMBER OF THE AMERICAN LEGION, PLEASE PROVIDE MEMBER ID NUMBER, IF READILY AVAILABLE *(if not readily available, please provide to National Headquarters at the earliest time feasible)* American Legion Member ID#

Date:

Department of:

TFA Expedited

Grant Application

Applicant’s Last Name  First Name

Has applicant received Temporary Financial Assistance from the national organization in the past (Yes/No)?

Spouse’s Name (if applicable):

(first and Last name)

Primary address:

Temporary address (if applicable):

Phone Information - Cell:

Email:

Total number of children in in the home *(under 18 year of age)*:

Age of child(ren):

Please indicate with an “X” all reason(s) a TFA grant can provide assistance – multiple selections may be indicated:

Temporary lodging due to placement from destroyed or uninhabitable home

Food replacement due to home destroyed or power outage(s)

Replacement of children’s clothing due to home loss or emergency evacuation

No current income due to place of employment destroyed or due to emergency leave

Replacement of children’s medication(s) or prescriptions

Relocation security deposit due to primary residence destroyed or uninhabitable *(with copy of*

*signed lease)*

Other (please explain):

**\*\*\*\*\*\*\*\*\*\*\*\* FOR AMERICAN LEGION DEPARTMENT USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Assistance in the amount of $  (up to a maximum of $1,500) is recommended for this application.

I attest that the above information is true and accurate to the best of my knowledge.

Authorizing department signature (department adjutant or commander only):

*(By typing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature.)*

**Completed applications may be emailed to** [**americanism@legion.org**](mailto:americanism@legion.org) **or faxed to 317-630-1377.**

Questions may be directed to Stacy Cope, Youth Welfare Program Manager, at 317-630-1202 or [scope@legion.org](mailto:scope@legion.org).