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 address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)*

**Completed applications may be scanned and emailed to** **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.