



New York Marine Corps League Foundation, Inc.

307 Adams Avenue · Rome · New York · 13440

REQUEST FOR ASSISTANCE

Instructions: To request assistance for an individual, the submitter must be a member of the Marine Corps League Department of New York, in good standing. Print/type all Information. Provide supporting documentation, to support your request. Profile ID can be obtained from your Detachment Paymaster. Mail your completed application to the address above or email it to foundation@mclnewyork.org.

| SUBMITTER INFORMATION | | | | |
|--|----------------------------------|---|---|------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | PROFILE ID | |
| STREET | | | | |
| CITY | | STATE | ZIP CODE | PHONE NUMBER |
| EMAIL ADDRESS | | DETACHMENT | | DETACHMENT NUMBER |
| ASSISTANCE REQUESTED FOR | | | | |
| LAST NAME | FIRST NAME | MIDDLE INITIAL | | |
| STREET | | | | |
| CITY | | STATE | ZIP CODE | PHONE NUMBER |
| EMAIL ADDRESS | | ALTERNATE EMAIL ADDRESS | | ALTERNATE PHONE NUMBER |
| ELIGIBILITY (CHECK ALL THAT APPLY) | | | | |
| <input type="checkbox"/> MEMBER OF THE MARINE CORPS LEAGUE? | IF YES, WHAT DETACHMENT & NUMBER | ARE THEY IN GOOD STANDING <input type="checkbox"/> Yes <input type="checkbox"/> No | | PROFILE ID |
| <input type="checkbox"/> HONORABLY DISCHARGED MARINE /FMF CORPSMAN/FMF CHAPLAIN | | | | |
| IS THE ASSISTANCE REQUEST FOR A FAMILY MEMBER OF ONE OF THE ABOVE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | RELATIONSHIP | HAS THE SUBMITTER VERIFIED THE NEED FOR ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| INFORMATION AS TO WHY ASSISTANCE IS REQUESTED (USE ADDITIONAL PAGES AS NECESSARY) | | | | |
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| ACTION BY THE NEW YORK MARINE CORPS LEAGUE FOUNDATION | | | | |
| REQUEST RECEIVED BY: | | DATE | DATE REQUEST SENT TO FOUNDATION BOARD | |
| BOARD DECISION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | | DATE | IF APPROVED, AMOUNT APPROVED \$ | CHECK No. |
| | | | | DATE MAILED |