



# New York Marine Corps League Foundation, Inc.

PO Box 21 · Rome · New York · 13442

## 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](mailto: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		PROFILE ID
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> HONORABLY DISCHARGED MARINE /FMF CORPSMAN/FMF CHAPLAIN					
IS THE ASSISTANCE REQUEST FOR A FAMILY MEMBER OF ONE OF THE ABOVE?		RELATIONSHIP	HAS THE SUBMITTER VERIFIED THE NEED FOR ASSISTANCE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
INFORMATION AS TO WHY ASSISTANCE IS REQUESTED (USE ADDITIONAL PAGES AS NECESSARY)					
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