

**Marine Corps League of Pennsylvania Foundation, Inc.**  
**APPLICATION FOR CHARITABLE ASSISTANCE GRANT [501c(3) Only]**

**MUST BE SPONSORED AND SUBMITTED BY A MCLPA DETACHMENT OR AUXILIARY UNIT**

**Directions:** Complete application in full, attach supporting documents and scan and email to: [staff@mclpafoundation.org](mailto:staff@mclpafoundation.org) or mail to: MCLPA Foundation, PO Box 6043., Harrisburg, PA 17112

**1. Organization Recommended for Charitable Assistance Grant**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

EIN: \_\_\_\_\_ 990 Attached?  YES  NO

**2. Primary Contact at Proposed Grant Recipient**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home  Work  
(At least one phone number is required for this application)

Email: \_\_\_\_\_

**3. Primary Purpose of the Proposed Organization**

- Homeless Veterans Shelter; Circle if Applies: Permanent/Temporary/Women/Children
- Veteran Suicide Prevention or Intervention
- Service Dogs for Veterans
- Other: \_\_\_\_\_

**4. Grant Amount Proposed:** \_\_\_\_\_

**5. Explain the reason for this request and why organization needs assistance:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Other financial resources available to Applicant. If none, please indicate "NONE."**

\_\_\_\_\_  
\_\_\_\_\_

**7. Sponsored and Submitted by:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Detachment/Unit: \_\_\_\_\_ Date: \_\_\_\_\_