

Marine Corps League of Pennsylvania Foundation, Inc.

APPLICATION FOR HUMANITARIAN ASSISTANCE GRANT

Directions: Complete all parts of the Application in full and sign on page 2. Attach supporting documents and either scan and email to staff@mclpafoundation.org or return by Mail to: MCLPA Foundation, PO Box 6043., Harrisburg, PA 17112

1. Applicant information

Name: _____

Address: _____

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

Email: _____

2. Relationship to Marine Corps (Please select one of the below options)

Member of the Marine Corps League of Pennsylvania

MCL Member Name _____

Relationship to Applicant Member is Applicant Family Member

If Family, indicate how related _____

MCL Profile ID Number _____

MCL Detachment Name _____

Veteran Marine or FMF Navy Veteran (Corpsman, Chaplain or other)

Please attach discharge documentation – copy of DD214 or Discharge

Active duty or Reserve Marine or FMF Navy Personnel

Attach copy of current DOD ID Card or last DD-214 (Reserve) and complete below:

Unit _____ MOS _____

Duty Station _____ Rank _____

3. Has applicant applied for Pennsylvania Veteran's Temporary Assistance or assistance from other programs? If applicable, enter date, program and any amount received.

Date Applied: _____

Where applied: _____

Amount Received: _____

4. Grant Amount Requested: _____

5. Explain the reason for this request and complete the Income and Expense sections:

6. Current Income and Expenses

| Monthly Income | | Monthly Expenses | |
|-----------------------|--|------------------------|--|
| Applicant (List) | | Rent or Mortgage | |
| | | Utilities | |
| | | Telephone / Cell Phone | |
| | | Home/Renters Insurance | |
| Spouse (List) | | Car Payment | |
| | | Car Insurance | |
| | | Other Transportation | |
| | | Childcare | |
| VA Benefits | | Clothing / Laundry | |
| | | Food | |
| Disability or Similar | | Credit Cards | |
| | | Medical | |
| Other (List) | | Other (List) | |
| Total Monthly Income | | Total Monthly Expenses | |

7. Please indicate any past due bills or special expenses that may not be obvious from the above monthly expenses. Examples are medical bills, car or home repairs, etc.

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

9. Signature and Authorization.

By submitting this application, I authorize the Marine Corps League of Pennsylvania Foundation Inc. to share this information with federal, state and local government organizations and officials, including my County Director of Veterans' Affairs and the Pennsylvania Office of Veterans' Affairs and with other veterans' service organizations. I hereby certify that the information submitted is true and correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____