



Roosevelt Aurora American Legion Post 84
 P. O. Box 4784, Aurora, IL 60507
 (630) 474-5084, info@post84.com

Serving the veterans of the Aurora area.

Request Assistance Form

Veteran Information

Name		Dates of Service	
Address		Branch of Service	
City, State Zip		Type of Discharge	
Contact Phone		Contact Email	
Are you a member of the American Legion? If so please state your post number and years of membership.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Request information

Please state the nature of the request:

Requested Amount \$

Other Organizations Contacted with Requested Amounts:

1)	\$	Amount Awarded: \$
2)	\$	Amount Awarded: \$
3)	\$	Amount Awarded: \$

Have you contacted your County Veterans Assistance Commission? If so, whom did you speak with?

May we contact this person to discuss your request? Yes No

If no, please explain:

Assistance Guidelines

- To request assistance, please complete this form and return it to the address above.
- You will be contacted by a member of the benevolence committee with a status of your request.
- If you, or the veteran you are filling out this form on behalf of, have not been seen by a County Veteran Service Officer; we will refer you to one prior to consideration of your request.
- If aid is given in the form of a gift, not a loan. This does not need to be repaid to the American Legion.
- This assistance is intended to be a one-time donation.

Signature

By my signature below, or that of my representative on my behalf, is certification that the information provided with this form is true, accurate and complete. I also understand that any false statements or deliberate omissions on this document will result in this request being denied and future request not being considered on behalf of myself.

Veteran Signature (or designee)		Date	
Printed Name: Sponsoring American Legion Member Signature		Date	
Printed Name:			

Evaluation

Date Received:		Date Interviewed:	
Award Recommendation:\$		Award Date:	