



Roosevelt Aurora American Legion Post 84  
 P. O. Box 4784, Aurora, IL 60507  
 (630) 474-5084, [info@post84.com](mailto: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    Would you like to be a member?    Yes    No

### Request information

Please state the nature of the request (include copy of MAP Grant suspension letter):

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Requested Amount    \$

Name of College/University you are attending	
Address of College/University	
City, State Zip	
Phone number of financial office at the College/University	

Are you currently a full-time or part-time student?

### Assistance Guidelines

- To request assistance, please complete this form and provide documentation listed below and send to the address above.
- In addition to this form, please submit a letter of request, a copy of your DD214, official correspondence stating suspension or revocation of a prior MAP grant award that is not being funded due to the budget impasse of the State of Illinois
- You must provide proof of permanent residency in the City of Aurora or the Township of Aurora. If you are currently residing on a university campus, proof would be your residence where you reside when not in school. Examples would be a copy of a Drivers License, Correspondence in the Mail, etc. Personal information, other than name and address, or account numbers can be redacted from any correspondence to ensure privacy.
- Proof of enrollment in a college / university and must be a student in good standing.
- Aid is given in the form of a gift, not a loan. This does not need to be repaid to the American Legion and 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. I give permission to Roosevelt-Aurora Post 84 to inquire on my status as a student to the above mentioned college or university and acknowledge that any grant award will be forwarded to the financial aid or scholarship office of my college or university and not paid to me directly.*

Veteran Signature (or designee)	Date
Printed Name:	

### Evaluation

Date Received:	Date Reviewed:
Award Recommendation:\$	Award Date: