



National Guard Relief Foundation

SECTION I – APPLICANT INFORMATION

RANK	FIRST NAME	MIDDLE NAME	LAST NAME
PHONE NUMBER	CIVILIAN EMAIL		
STREET ADDRESS		CITY	STATE ZIP
BRANCH	STATUS		ASSISTANCE REQUESTED (Pick only one):
<input type="checkbox"/> Army National Guard <input type="checkbox"/> Air National Guard	<input type="checkbox"/> AGR <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> FIRST RESPONDER (POLICE/FIREFIGHTER/EMT/MEDICAL) <input type="checkbox"/> TITLE 5 TECHNICIAN <input type="checkbox"/> TRADITIONAL/M-DAY	<input type="checkbox"/> NATIONAL GUARD VETERAN (Honorable Discharge) <input type="checkbox"/> ON ORDERS <input type="checkbox"/> S.A.R.G.E Grant <input type="checkbox"/> Interest Free Loan

SECTION II – REASON FOR REQUEST

Provide details regarding your financial situation and how the funds will be utilized:

SECTION II – INTENDED PURPOSE OF THIS GRANT OR LOAN

<input type="checkbox"/> Mortgage/Rent	<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Child Care	<input type="checkbox"/> Vehicle Repairs	<input type="checkbox"/> Funeral	IF YOU CHOSE "OTHER", PLEASE EXPLAIN BELOW:
<input type="checkbox"/> Utilities	<input type="checkbox"/> Personal Emergency	<input type="checkbox"/> Vehicle Loan Payment	<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Other	

SECTION III – NATIONAL GUARD SERVICE VERIFICATION

Verification must be completed by a Unit CC, Bn CSM, CCM, First Sergeant, or Family Programs Personnel

	YES	NO
Has the individual completed Basic Training?	<input type="checkbox"/>	<input type="checkbox"/>
If currently serving in the National Guard, what is the applicant's unit of assignment:		
If former member of the National Guard, did you see a document confirming previous National Guard service?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the discharge under honorable conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Title of Document Reviewed:		
Based on the information provided, do you believe this applicant should be considered for a grant/loan?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV – VERIFIER'S ADDITIONAL COMMENTS

Please provide any additional comments/info regarding the applicant's financial need or situation:

SECTION I – VERIFIER'S INFORMATION

RANK	FIRST NAME	MIDDLE NAME	LAST NAME
PHONE NUMBER	MILITARY EMAIL (PERSONAL EMAIL NOT ACCEPTED DUE TO VERIFICATION PURPOSES)		
POSITION/TITLE			
I have completed this Verification Form accurately and to the best of my ability. I believe the Applicant was truthful in stating their financial need and I have verified they are a current or former member of the National Guard.			

SIGNATURE	DATE
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