



Helping Hands for **HEROES** ★★ ★★

to benefit our courageous service men and women who have been adversely affected by the war on terrorism



REQUEST FOR INFORMATION

Please note that due to the overwhelming amount of Grant Requests we receive, we must focus our efforts on the Northeastern region of the U.S. and Pennsylvania only.

Date of your Request: _____

Grant Recipients Legal Name _____ : DOB: _____ SS # _____

Spouse's Legal Name: _____ DOB: _____ SS # _____

Home Address: _____

Phone Number: (_____) _____ Mobile Number: _____

E-Mail Address: _____

Veteran's Name: _____

| |
|--------------------------------|
| <u>For Foundation Use Only</u> |
| Received: _____ |
| 1 st RFI: _____ |
| 2 nd RFI: _____ |
| Date Approved: _____ |
| Amount: _____ |
| Date Sent: _____ |
| Grant No.: _____ |
| Approval/Denial Code: _____ |

Location currently serving or date of discharge: _____

Branch of Service: _____

Number of Children: _____

Dependents: _____

Employment Information

The following information must include the recipient and spouse's information:

Current Employer: _____

Current Employer: _____

Address: _____

Address: _____

Tel No.: _____

Telephone No.: _____

Occupation: _____

Occupation: _____

Monthly Income: _____

Monthly Income: _____

Personal Statement & Detailed Description of Request: All applicants are requested to write a personal statement detailing any facts regarding their personal circumstances that do not appear in the information already provided. The Board of Directors places significant weight on the statement when evaluating your grant request. You may attach additional pages.

Amount Requested: _____

How would the money be utilized for recipient?
Itemize (Attach copies of bills if applicable)

Amount

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Have you requested financial assistance from any other charities or organization(s)? If yes, please list the name of the organization/charity and the amount requested: _____

Have you received any financial assistance from any other charities or organization(s)? If yes, please list the name of charity/organization, the date and amount received: _____

Have you received financial assistance from any fundraiser(s)? If yes, please list the date, the name(s) of who sponsored the fundraiser(s) and the amount of assistance you received: _____

Are there any fundraisers scheduled on your behalf? If yes, please list the date and time of the fundraiser: _____

Please provide us with the following information:

1. Copy of Military papers
2. Copy of your last two year's of Tax Returns. Applications are not considered complete until such information is received. If you did not submit tax returns for the last two years, you must attach a separate statement detailing why you were not required to file and a statement from a reliable third party (such as a social worker) confirming that you were not required to file such returns during the prior two years and that you should be exempt from providing such information.
3. Copies of Last 3 months (from the date of application) of checking(s) account
4. Copies of Last 3 months (from the date of application) of savings(s) account