

Financial Aid Application

Florida National Guard Foundation

(Complete and forward this form with attachments to mailing address: Florida National Guard Foundation, P.O. 717
St. Augustine, FL 32085-0717)

Applicant Information:

Name: _____ Email: _____

Mailing Address: _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Household Demographics: Adults _____ Children _____ Special Needs: _____

Relationship (If not Military Member): _____

Military Member Name (If different than Applicant): _____

Military Member Unit of Assignment: _____

Services/Support Requested:

\$ _____ Food	\$ _____ Vehicle	\$ _____ Other (Specify)
\$ _____ Housing	\$ _____ Medical/Dental Care	
\$ _____ Child Care	\$ _____ Prescriptions	
\$ _____ Utilities	\$ _____ Insurance	Total Requested: \$ _____

Supporting Documents (Attached with Application):

_____ DD Form 214 _____ Military/Dependent ID
_____ Deployment Order _____ Other (Specify)
_____ Brief narrative of situation, events, reason or circumstances that led to this need. Include action plan to overcome current financial situation.

Requester Signature/Certification:

My signature below certifies that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Unit Review: (Unit Commander/Authorized Representative)

Name: _____ Rank: _____ Phone: _____

Email: _____ Duty Position: _____

Reviewer Signature: _____ Date _____

DMA Staff:

Received By _____ Date & Time _____ File# _____