

ARE THERE MINORS IN HOUSEHOLD? (Y/N)

Date: _____

IF YES, NUMBER OF MINORS IN THE HOUSEHOLD? _____

COAST GUARD TFA GRANT APPLICATION – 2019 GOVERNMENT SHUTDOWN

American Legion Department of _____

Coast Guard service member's, Last Name, First Name and Rank _____

Coast Guard service members' mailing address:

Coast Guard service member's phone: _____

Coast Guard service member's email: _____

Explain your immediate need for assistance – tell us what happened:

Is the Coast Guard service member a Legion Family Member? Legion S.A.L. Auxiliary

If so, member ID# _____
(if available)

Department Adjutant or Authorized Department Official

I have thoroughly reviewed this application and recommend the following: Approval \$ _____

Denial

Comments _____

Printed name of Department Authorizing Official _____

Signature _____

Email of Department Authorizing Official _____

Date _____