

ARE THERE MINORS IN HOUSEHOLD? (Y/N)

Date: \_\_\_\_\_

**TFA  
Grant Application**

American Legion Department of \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Are you a Legion Family Member? Legion  S.A.L.  Auxiliary

Member ID# \_\_\_\_\_  
(if available)

Dates of Military Service \_\_\_\_\_ Branch of Service \_\_\_\_\_

Perm. Address \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Adjutant or Authorized Department Official**

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

Denial

Comments

\_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_