

## MASON COUNTY VETERANS ENDOWMENT FUND EMERGENCY GRANT APPLICATION

### APPLICANT INFORMATION

Veteran's Name (or spouse seeking assistance):		County of Residence:
Date of birth:	Service Number/SSN:	Phone: ( )
Current address:		E-mail:
City:	State:	ZIP Code:
Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Active Duty:	Has Veteran Received MCVF Assistance in Past: <input type="checkbox"/> Yes <input type="checkbox"/> No

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone: ( )	E-mail:	Fax: ( )
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

### PURPOSE FOR SEEKING EMERGENCY GRANT (MEDICAL, RENT, MORTGAGE, UTILITIES, EDUCA., TRANSPORTATION, ETC.) & AMOUNT REQUESTED

### SPOUSE/PARTNER INFORMATION

Name:		
Date of birth:	SSN:	Phone: ( )

### SPOUSE/PARTNER EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone: ( )	E-mail:	Fax: ( )
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

### REFERENCES (NOT FAMILY MEMBERS)

Name	Address	Phone
		( )
		( )

### CHILDREN/LEGAL DEPENDENT

Name	Name
Name	Name

### SIGNATURE

I certify that the above information is true and factual to the best of my knowledge, and I authorize MCVF Advisory Board to receive and transmit any information that may be necessary to document my request for emergency financial assistance.

Signature of applicant:	Date:
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**PLEASE ATTACH A COPY OF VETERAN'S DD214 TO THIS APPLICATION!**