MARINE CORPS LEAGUE

Unicoi Detachment 783
P.O.B. 701
Hiawassee, GA. 30546-0701

Date of Request: _____ Received by: _____

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Zip Code: _____

County of Residence: _____ Phone#: _____

Email Address: _____

Select One: Veteran ____ Dependent: ____ Widow/Widower of Veteran: ____

Other: _____

Branch of Service: _____

Dates of Service: _____ to _____

Type of Discharge: _____

Type of Assistance Requested:

_____

_____

_____

_____

_____

_____

_____

Print Name

_____ _____

Applicant's Signature Date

Application can be emailed to acoleman8404@gmail.com or mailed to
P.O. Box 701, Hiawassee, GA 30546-0701
ATTN: Veterans Assistance