



MARINE CORPS LEAGUE
Unicoi Detachment 783



Application for Assistance

Date of Request: _____

Last Name: _____

First Name: _____

Home Address: _____

City: _____ Zip Code: _____

Phone#: _____

Email Address: _____

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

Branch of Service: _____

Dates of Service: _____ to _____

Type of Discharge: _____

Type of Assistance Requested: _____

Signature: _____ Date: _____

Print Name: _____

Application can either be emailed to Alton "Doc" Coleman at
acolemen8404@gmail.com or

mailed to P.O. Box 701, Hiawassee, GA 30546-0701.