Support the Troops MN (47-1293645) Aid Request

*Return completed form and supporting documents to:
requests@supportthetroopsmn.com

Date of Request: _____ Donation Needed By: _____

Support Network Information:

Support Network Requesting Assistance: ☐ CVSO ☐ MACV ☐ National Guard

MN County/City requesting aid: _____

Support Network Contact Name: _____

Contact Email: _____

Contact Phone: _____

Requester Asking for Assistance Information:

☐ Active Military Member   ☐ Veteran
☐ Active Military Family   ☐ Veteran Family

If Family, number of total members in family: _____

Requester Name: _____

Home Address: _____

Social Security number (last 4 digits): _____ Gender: ☐ M ☐ F

Is Proof of MN Residency included?   ☐ Yes   ☐ No

Military Service/Affiliation Background:

Branch: _____ Years Served: _____ Discharge Date: _____

Is a valid DD214 included in request: ☐ Yes ☐ No

Was Veteran Honorably Discharged?   ☐ Yes ☐ No

Request for Aid:

Please list providers that requester owes debt to, including name of provider, amount owed and a brief explanation of why the debt was incurred. If request is for payment for more than 3 providers, please include an extra page explaining the need for more payments. Copies of all bills owed/quotes given should be included in the request. Copies should be legible and include the account number and payment information.

Provider #1: _____ Amount: _____

Reason for debt with provider: _____

_____

Provider #2: _____ Amount: _____

Reason for debt with provider: _____

_____

Provider #3: _____ Amount: _____

Reason for debt with provider: _____

_____

Financial Statement of Need:

Please provide a brief overview of what the requester's financial situation is including: current funds and situation and why debt occurred.

Background of Financial Need: _____

_____

_____

_____

Does requester have long-term plan in place to avoid short-term emergency need moving forward (i.e., financial counseling, job placement, additional income source, etc.):

_____

_____

_____

_____

For Support the Troops Administration use only:

Request #: _____

Date Reviewed: _____ Approved: ☐ YES ☐ NO

Total Amount Approved: _____

Bill Pay #1 Completed to (Provider): _____

Bill Pay #1 Amount: _____ Check #: _____

Bill Pay #2 Completed to (Provider): _____

Bill Pay #2 Amount: _____ Check #: _____

Bill Pay #3 Completed to (Provider): _____

Bill Pay #3 Amount: _____ Check #: _____

STT Approver: _____ Date: _____

STT CFO: _____ Check #: _____