

AUXILIARY EMERGENCY FUND 2025-2026

Purpose: To raise funds for AEF, to promote knowledge about the program to send information to members about the application process.

Why It Was Created: To help members that have suffered a significant financial setback from the result of an act of nature or other personal crisis when no other source of aid is readily available.

Auxiliary Emergency Funds provides eligible members with temporary aid for:

- 1) Financial crisis: funds available to pay for shelter and utilities.
- 2) Disaster relief: for weather related emergencies and natural disasters.
- 3) Educational training: due to life changes such as death of a spouse, divorce or separation, causing the Auxiliary member to assume the role of primary source of support for the family.

In each case, the first course of action, applicants are encouraged to make every effort to secure financial help through local, state and federal agencies.

Who Is Eligible: Members of the American Legion Auxiliary who have maintained membership for at least the past two years and who have paid their dues for the current year (three consecutive years of membership). The maximum amount of any grant is \$3000.00 and may be disbursed as decided by the AEF review and processing subcommittee. Payments may be made directly to the member or at the discretion of the subcommittee to the Mortgage Company or utility company. In case of an educational grant, payments may be made directly to the educational institution.

Copies of both applications are attached.

For more information contact American Legion Auxiliary National Headquarters: ALAforVeterans.org.

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Auxiliary Emergency Fund
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Auxiliary Emergency Fund Application Instructions for Members Affected by Disaster

An Auxiliary Emergency Fund grant may provide immediate emergency assistance to American Legion Auxiliary members in areas devastated by a natural disaster, such as fire, flood, hurricane, tornado, earthquake, or other severe weather. The applicant must have received damage to the primary residence and/or been displaced or evacuated from the residence and had out-of-pocket expenses for food, clothing, and shelter. Grants may be awarded up to \$2,400.

BASIC CRITERIA FOR QUALIFICATION

- The applicant must be an American Legion Auxiliary (ALA) member
- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- Application must be received within 6 months of disaster.
- One grant per grantee in a 12-month period will be awarded

REQUIRED APPLICATION INFORMATION

The application must be filled out completely and accurately to prevent delay in processing. Please explain **in detail** the damage incurred to the primary residence including roofing, structure, windows, flooring, appliances, furniture, and all contents in the home. Include all supporting documents such as photographs, copies of receipts, work notes, and government agency documents. If the application is not complete, it may be returned for amendment and/or further explanation.

CHECKLIST BEFORE SENDING IN THE APPLICATION

- ☐ Confirm you have held membership for three consecutive years (the current year and immediate past two years)
- ☐ Complete **ALL** sections of the application
- ☐ Provide copies of receipts for emergency expenses incurred including lodging, food/water, fuel, and other

SUBMIT APPLICATION

Once application is complete, please e-mail to AEF@ALAforVeterans.org; fax to National Headquarters at (317) 569-4502; or mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

QUESTIONS

If you have any questions, please email AEF@ALAforVeterans.org or call (317) 569-4500.



Auxiliary Emergency Fund
Expedited Application for Members Affected by Disaster

E-mail application to AEF@ALAforVeterans.org; Fax to National Headquarters at (317) 569-4502;
or Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

MEMBER INFORMATION

Member's Full Name: _____ Member ID #: _____ Years of consecutive ALA membership: _____

Member's Unit # & Location: _____ Member's Dept: _____

Member's Address at time of Disaster: _____
address city state zip

Member's Phone Number: () _____ - _____ Email: _____

Type of Disaster: ☐ Fire ☐ Flood ☐ Hurricane ☐ Tornado ☐ Earthquake ☐ Severe Weather (i.e. lightning, heavy snow)
☐ Other (Please Explain) _____ Date of Occurrence: _____

Do you own or rent primary residence? ☐ Own ☐ Rent Is this your primary residence? ☐ Yes ☐ No

Are you still residing in the residence? ☐ Yes ☐ No If no, please explain current living arrangements (Hotel/Family): _____

Was employment of member lost or temporarily suspended due to disaster? ☐ Yes ☐ No If yes, for how long: _____

Employment of spouse lost or temporarily suspended due to disaster? ☐ Yes ☐ No If yes, for how long: _____

Reimbursement Expected: FEMA: \$ _____ State/Local Disaster Assistance: \$ _____

Homeowners/Renters Insurance: \$ _____ Other: \$ _____

PAYMENT INFORMATION

If awarded, payment can be transmitted by electronic funds directly to the member's bank account OR a check can be mailed. For electronic funds transfer, you must provide the bank name, routing /ABA number, type of account and your account number. You must provide a complete mailing address for delivery of a check by the U.S. Postal Service. If available, please include a voided check for accuracy.

Member's Name as listed on Account: _____

Member's Address as listed on Account: _____

Member's Signature: _____ Date: _____

FOR EFT PAYMENT:

Name of Member's Bank: _____ Type of Account: ☐ Checking ☐ Savings

Bank Routing#/ABA # _____ Member's Bank Account # _____

FOR CHECK PAYMENT:

Address where Check is to be mailed: _____
address city state zip

Emergency Expenses: Please provide all emergency expenses incurred. *Receipts must be provided.*

Lodging: \$ _____ Food/Water: \$ _____ Fuel: \$ _____ Other (plywood, generator, dry ice, etc.): \$ _____

If you are a recipient of an Auxiliary Emergency Fund grant and would like to be contacted by staff from the American Legion Auxiliary National Headquarters to publicly share your story of how the Auxiliary Emergency Fund assisted you, please sign below. Your testimonial could be used in ALA print, marketing and online publication. Personal AEF stories help promote the Auxiliary Emergency Fund fundraising efforts, through which grants are made possible.

(_____) Member Signature: _____ Date: _____
Declining to provide your signature will not adversely affect the evaluation of your AEF application.

Temporary Assistance Application for Members Affected by Financial Disaster

An Auxiliary Emergency Fund grant may provide temporary assistance to eligible members during a time of financial crisis when no other source of aid is readily available to pay for shelter, food, and utilities. Grants may be awarded up to \$2,400 with the intent is to help members who have suffered a financial setback and offer a helping hand until financial stability is reestablished. Assistance will not be granted to pay medical expenses or credit card debt.

BASIC CRITERIA FOR QUALIFICATION

The applicant must be an American Legion Auxiliary (ALA) member. Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years). One grant per grantee in a 12-month period will be awarded. Applicant must have exhausted all other financial options and be able to provide past due bills.

Member Information

The application must be filled out completely and accurately to prevent delay in processing. If the application is not complete, it may be returned for amendment and or further explanation.

Name*

First Name

Last Name

Member ID#*

Member's Unit & Location*

Member's Department*

Member's Address *

Address Line 1

Address Line 2

City

State

ZIP
Code

Member's Phone Number*

Email*

Number of Consecutive years you have been a member*

Number of family members in home: *

Employment Information

What is your current employment status?*

Place of Employment*

What is your spouse's employment status?*

Spouse's Place of Employment: *

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