

DeCoste Memorial Foundation

Honoring service. Supporting families.

Emergency Assistance Grant Application

The Emergency Assistance Grant provides limited short-term support to veterans experiencing temporary financial hardship.

Eligibility Requirements

- Applicant must be a veteran.
- Applicant must provide a DD-214.
- Applicant must provide documentation supporting the emergency request.

Veteran Information

Full Name	_____	Phone Number	_____
Address	_____	Email Address	_____
Branch of Service	_____	Years Served	_____

Type of Assistance Requested

Utility Assistance Food Assistance Other Emergency Need

Amount Requested	_____	Utility Provider/Grocery Store	_____
Account Number (if utility assistance)	_____		_____

Household Information

Number of Adults	_____	Number of Children	_____
Employment Status	_____	Other Support Received	_____

Brief Explanation of Emergency / Hardship

Payment Information

Emergency utility assistance will be paid directly to the utility company. Food assistance may be provided in the form of a grocery store gift card.

Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee funding and that the DeCoste Memorial Foundation may request additional information before making a grant determination.

Applicant Signature: _____ Date: _____

Application Submission Information

Completed applications and all required supporting documentation may be submitted via email to:
lisa@sdecoste.org

Please allow 7-14 business days for application review and response.