

First to Fight Foundation is a charitable organization founded by combat veterans to give support to military veterans and their families by providing guidance with the transition from active duty, a connection to other veterans, and resources to maintain a successful civilian life. The foundation provides referrals, guidance, and mentors for veterans who need assistance navigating the V.A. systems, learning about benefits and services, medical care, rehabilitation, counseling, housing, job training, financial assistance, and more by reconnecting each other with a sense of camaraderie. Our organization is founded on the principle of veterans helping veterans – taking care of each other and our families.

Grants from First to Fight Foundation are available to assist veterans and family members who are experiencing undue financial hardship and need help to get back on their feet. These funds can be used for such things as: housing, utilities, medical bills, and other essential expenses. Funding is provided through private donations by individuals and corporations.

## Qualifications for Funding:

- Must be a Veteran of the Armed Forces of the United States: Army, Marine Corps, Navy, Air Force, Coast Guard, Louisiana National Guard or Reserves (DD214 and/or NGB22 required), OR current member of the Louisiana National Guard or Reserves.
- Veteran or service member must meet one of the following conditions: Completed 24 months of
  continuous active-duty; Completed at least 90 days of active duty with early discharge for hardship (10
  USC 1171 or 1173); AND received a discharge of "Honorable" or "Under Honorable Conditions".
- 3. Veteran or service member must be a current resident of the United States of America.
- 4. Submit a complete application with all required supporting documents. *Incomplete applications or applications without proper supporting documentation will not be considered.*
- 5. Funding and distributions are need-based and must be used for necessary expenses that have created or will create undue hardship for the Veterans and their family.
- 6. Funding will be limited to availability from the Foundation. First to Fight Board of Directors reserves sole discretion of grant amount and eligibility.

Mail the enclosed application and required documents to: First to Fight Foundation P.O. Box 15781 New Orleans, Louisiana 70175

Contact us at: cook@firsttofight.org / (504) 338-5893

## FIRST TO FIGHT FOUNDATION

## **Veteran Assistance Application**

Applicant information	5 1 1		
Name:			
Home Address:			
Phone: Email Addres	SS:		
Place of Employment:	Marital Status:	Number of D	Dependents:
Disability/Special Needs:			
Veteran/Service Member Information (As it appears on DD214	4 or Military Orders)		
		al Years of Service	:
Date Entered:/ Exited Service:/			
Are you a current member of the National Guard or Reserves?		No	
The your council member of the Hadishar council of heserves.			
Amount Requested \$			
Peacen for Persuast			
Reason for Request  Housing Expense: Mortgage/Rent	☐ Medical Expense	05	
Household: Storm Damage, Major Repair	Food	<b>E</b> 5	
	_		
Utilities: Electricity, Gas, Water, Sewage	Clothing		
☐ Vehicle: Payment, Insurance, Major Repair	Other Need:		
Expenses not eligible: Non-essential home improvements, pay unnecessary medical procedures, non-essentials for basic life no Fight Foundation reserves the right to make exceptions on a call	eeds. All applications	•	
Planta and Marker falls of the day of the			
Please provide the following documents			
□ Valid Photo ID or Military/Dept. ID			
Copy of Veteran's DD214 or Discharge	,		
Proof of Relationship to eligible Veteran or service membe	•	• •	
Current statement for bills, mortgage/rent, foreclosure, ev			
<ul> <li>Damage evaluation and estimates, if seeking assistance wit</li> </ul>	:h major home or auto	) repair	
Agreement			
			des lundoustand
I attest that the information provided in this application is tru		•	•
that there is no guarantee my application will be granted. If	-	•	
for the reasons indicated in my application. I also understand	that if my application	i is granted, assist	ance will, in most
cases, be paid directly to the service provider and not me.			
I promise to repay First to Fight Foundation if I receive paym			
for which I am requesting assistance. I understand that wil	Ifully and knowingly p	providing false in	formation on this
application could result in the denial of my application.			
Applicant Signature:	Date:		