



AMERICAN LEGION  
**AUXILIARY**

*Empowering Women, Inspiring Communities*

**AMERICAN LEGION AUXILIARY EMERGENCY FUND (AEF)  
APPLICATION FOR ASSISTANCE**

Form 004-002 (Updated 10/05)

**PURPOSE**

The Auxiliary Emergency Fund was created to 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.
- Temporary assistance for food and shelter to eligible members related to weather-related emergencies and natural disasters
- Temporary assistance for educational training for eligible members who, because of changes in their life, become the main means of support for their family. This education assistance is meant to help members obtain necessary skills and training needed to enter or re-enter the workforce or needed to upgrade skills and training to obtain a better-paying position. (This facet of the AEF was formerly known as the Displaced Homemakers Fund.)

*Assistance will not be granted to pay accumulated debts. The intent is to help members who have suffered a financial setback and is meant to be a bridge offering a helping hand until financial stability is reestablished.*

**ELIGIBILITY**

Members of the American Legion Auxiliary who have maintained membership for at least the immediate past two consecutive years AND have paid dues for the current year.

**The application must be completed and signed by applicant, Unit President and Unit Secretary. The Department Secretary must verify membership of applicant.**

**AMOUNT OF AWARD**

The maximum amount of any grant is \$2,400.00 and may be dispersed as determined by the Grant Committee. Payments may be made directly to member or, at the discretion of the Grant Committee, to mortgage company, utility company, education institution, etc.

**INSTRUCTION TO APPLICANT**

Your application is assessed based on the information you supply in this application. Please be sure to attach any receipts, invoices, or copies of bills that are requested. The narrative portion of this application is your opportunity to tell your story to the Grant Committee. Please type or print neatly to ensure legibility. Be sure to include other sources of funding you are seeking or intend to seek. Be sure to sign and date the application.

**INSTRUCTION TO UNIT**

The Unit President and Unit Secretary should review completed application, verify information with applicant and complete the Unit Recommendation section of this application. Each AEF application is assessed entirely on the basis of the written record provided herein. Therefore, the Unit should be specific and thorough when completing the application. If Unit President or Secretary is the applicant, another member should be appointed to review application.

**Recommendation of applicant for a Grant does not place any financial obligation on the Unit nor is the member obligated to repay any of the grant money.**

Remember to:

- Ensure the applicant has completed all applicable sections.
- Ensure all sections requiring Unit input are complete.
- Ensure all appropriate signatures have been obtained.
- Forward the completed application to your Department Secretary.

**INSTRUCTIONS TO DEPARTMENT SECRETARY**

Please verify membership history of applicant, sign and date application, and forward to National Headquarters.



MONTHLY INCOME OF FAMILY UNIT	SOURCE	MEMBER	SPOUSE	SOURCE (CONTINUED)	MEMBER	SPOUSE	CHILDREN
	Employment			Social Security Disability			
	Unemployment Compensation			Supplemental Security Income			
	Workman's Compensation			Child Support			
	Welfare (state, city, town)			Retirement			
	VA Pension or compensation			Other (Specify)			
	Social Security			Other (Specify)			

<b>MONTHLY EXPENSES</b>  Please attach copies of all current expenses to be considered	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Name of Mortgage Company/ Landlord		Account # (if applicable)		
	Monthly Mortgage/Rent Payment:	Street Address				
		City		State	Zip Code	
		ELECTRICITY COST				
	Please supply address if requesting payment	Name of Company				Account #
		Address				
		City		State	Zip Code	
	HOME HEATING COST	Name of Company				Account #
Address						
City		State	Zip Code			
WATER/SEWAGE	TELEPHONE	CHILD CARE		MEDICATION		
LIFE INSURANCE	HEALTH INSURANCE	HOMEOWNERS/RENTAL		AUTO INSURANCE		

**THIS SECTION TO BE COMPLETED BY APPLICANTS APPLYING FOR DISASTER RELIEF**

GENERAL INFORMATION	DATE OF OCCURANCE(S)	PRIMARY RESIDENCE	STILL RESIDING IN DWELLING
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If "NO", please explain your current living arrangements:		
TYPE OF DISASTER EMERGENCY	<input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Earthquake <input type="checkbox"/> Severe Weather (i.e. lightning, heavy snow)		
	<input type="checkbox"/> Other (Please explain)		

<b>DAMAGE INCURRED</b>	Please explain the damage incurred. You may attach additional sheets of paper if needed. You may also include any repair estimates, pictures, statements from FEMA or local law enforcement, etc.)		
<b>EXPENSES INCURRED</b> Please include receipts	EMERGENCY HOUSING	PLYWOOD	GENERATOR
	OTHER (please explain)		
<b>INSURANCE</b>	Is the property insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount of insurance you expect to receive	
	Additional Comments: (Please attach copies of any applicable documents regarding property insurance.)		

**THIS SECTION TO BE COMPLETED BY APPLICANTS SEEKING EDUCATION ASSISTANCE**

<b>CURRENT EDUCATION</b>	HIGHEST LEVEL OF EDUCATION COMPLETED: <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate		
	<input type="checkbox"/> Other (Please Explain)		
<b>PROGRAM OF STUDY</b>	CURRENTLY ENROLLED <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, answer questions based on intended enrollment	
	ENROLLED IN <input type="checkbox"/> PROGRAM OF STUDY <input type="checkbox"/> INDIVIDUAL COURSES		
	NAME OF INSTITUTION		
	ADDRESS	CITY	STATE    ZIP CODE
	PROGRAM OF STUDY	DATE OF ENROLLMENT	ANTICIPATE GRADUATION DATE:
	CREDENTIAL TO BE AWARDED <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other (explain)		
<b>EXPENSES</b>	TUITION	FEES	BOOKS    SUPPLIES
	OTHER (please explain)		
	WHAT TYPE OF POSITION WILL YOU BE QUALIFIED FOR UPON GRADUATION?		
	Please attach receipt or statement of charges. If you have already paid for tuition and other costs, the grant will be issued to you. If you have not paid, the check will be sent directly to the educational institution.		
<b>FINANCIAL AID RECEIVED</b>	TITLE IV PELL GRANT	TITLE IV SUBSIDIZED LOANS	TITLE IV UNSUBSIDIZED LOANS
	SCHOLARSHIPS	GRANTS	INSTITUTIONAL FUNDS
	Please attach a copy of your Financial Aid Award Notice		

<b>NARRATIVE BY APPLICANT</b>	<b>Please use the following space to provide a brief narrative regarding your current situation. You may want to include any additional information not provided on this application. If you need more space, please attach additional pages.</b>	
		<b>APPLICANT'S SIGNATURE</b>
<b>UNIT RECOMMEN- DATION</b>	<b>Unit President: Please provide your Unit's recommendation to the AEF Committee. Include any additional information that may help the Committee make its decision.</b>	
<b>UNIT PRESIDENT'S SIGNATURE</b>	<b>NAME (PRINT)</b>	<b>SIGNATURE</b>
	<b>ADDRESS</b>	
	<b>PHONE NUMBER</b>	<b>E-MAIL</b>
<b>UNIT SECRETARY'S SIGNATURE</b>	<b>NAME (PRINT)</b>	<b>SIGNATURE</b>
	<b>ADDRESS</b>	
	<b>PHONE NUMBER</b>	<b>E-MAIL</b>