



# LMC Veteran Relief Fund

## *Fund Request Application*



### Instructions:

Please complete the following information in its entirety so the Last Man Club can respond to your request in a timely manner. You will be notified if further information is required. All information will be kept strictly confidential.

### Section 1: Agency Information

Date of Request:

Agency Requesting Funds:

Agency Contact Name:

Agency Contact Phone & Email:

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### Section 2: Applicant Information

Applicant Name:

Branch of Service:

Dates of Service:

Country/Countries of Service:

Does the Applicant currently reside in your county? (Circle One)    YES    NO

Is the applicant currently serving in the U.S. Military?: (Circle One)    YES    NO

Was the Applicant Discharged Under Honorable Conditions?: (Circle One)    YES    NO

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### Section 3: Funding Request Information

Amount of Request:

Date Funds Needed By:

What Other Organizations/Agencies Are Working with this Veteran?

Were Other Federal/State/Local Funding Options Available/Utilized? (Circle One)    YES    NO  
If Yes, Please Explain:

Who Should Payment Be Made To?  
*(The LMC does not make payments directly to individuals.)*

Description of Need:

How Does this Request Benefit the Veteran Moving Forward?

Is There Any Other Information That Would Be Pertinent to the Approval of this Application?

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Signature of Requestor

I hereby authorize the release of this information to the Last Man Club Vietnam War Era of St. Peter Area for the purposes of this request. All personally identifiable information will be kept confidential but understand that some non-identifiable demographic data may be used.

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Signature of Veteran

