

ARE THERE MINORS IN HOUSEHOLD? (Y/N)

Date: _____

**TFA
Grant Application**

American Legion Department of _____

Last Name _____ First Name _____

Are you a Legion Family Member? Legion S.A.L. Auxiliary

Member ID# _____
(if available)

Dates of Military Service _____ Branch of Service _____

Perm. Address _____

Phone: _____

Email: _____

Explain your immediate need for assistance – tell us what happened:

Department Adjutant or Authorized Department Official

I have thoroughly reviewed this application and recommend the following: Approval \$ _____

Denial

Comments

Signature _____

Email _____

Date _____