MARINE CORPS LEAGUE FOUNDATION
REQUEST FOR ASSISTANCE
“One Time, Lifetime Grants of Humanitarian Assistance”

PRINT/TYPe ALL INFORMATION – Use additional pages as necessary

Eligibility: □ Honorably Discharged Marine/FMF Corpsman/FMF Chaplain   □ Family Member

Information as to why assistance is requested:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Name of Marine/FMF Corpsman/FMF Chaplain/Family Member submitting request:
__________________________________________________________________________________________

Telephone: __________________________ Email Address: ______________________________

Mailing address: __________________________________________________________________________

City: _____________________________________ State: _____ Zip Code: __________________________

Requested Amount of Assistance: $__________________

List creditors and/or types of assistance requested (attach copies of bills from creditors, statements are not accepted):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________
__________________________________________________________________________________________
List Monthly Expenses

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

List all monthly income coming into the household:

__________________________________________________________________________________________

ON A SEPARATE SHEET, DETAIL YOUR FINANCIAL PLANNING MOVING FORWARD TO ENSURE YOU DO NOT END BACK UP IN THIS SAME SITUATION IN NEED OF ASSISTANCE. (Your request for assistance will not be considered without this statement, and information that can be verified)

DOCUMENTS REQUIRED (Request will not be considered without these documents):

1. This completed Request for Assistance form, and form must be completely filled out.
2. Marine/FMF Corpsman/ FMF Chaplain’s last DD-214, showing active duty and Honorable Discharge
3. Bills from all creditors seeking assistance with (Statements will not be considered, it has to be current bills)
4. Current bank statement showing last 30 days of financial transactions
5. Detailed plan to gain financial stability as to not return to current financial situation

Review Process (the review process is used to verify the actual need of the prospective recipient of financial aid prior to the distribution of any funds):

1. Documents need to be sent to the President, MCL Foundation at president@mclfoundation.org
2. Once all documents are received by the President, MCL Foundation, the documents will be reviewed for validation of information
3. The President will send the request to the MCL Foundation Board of Directors for a decision
4. Upon receiving a majority vote from the MCL Foundation Board of Directors, the President of the MCL Foundation will notify all parties as to the decision rendered.

5. If approved the Treasurer will remit payments to creditors listed, the MCL Foundation does not issue checks to the individual making the request.

6. The review process will be concluded within 72 hours, barring any delays.

**ACTION BY MCL FOUNDATION**

Request Received by: ___________________________ Date: __________________________

Date Request Sent to MCL Foundation Board: ___________________________

MCL Foundation Board Decision (Approved/Denied): ___________________________ Date: _____________

If Approved, Amount Approved: $___________________________