

# Financial Aid Application

## Florida National Guard Foundation

(Complete and forward this form with attachments to mailing address: Florida National Guard Foundation, ATTN: BrAlve Fund, P.O. 1008, St. Augustine, FL 32085-1008 or FAX to 904-827-8655)

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### Applicant Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Household Demographics: Adults \_\_\_\_\_ Children \_\_\_\_\_ Special Needs: \_\_\_\_\_

Relationship (If not Military Member): \_\_\_\_\_

Military Member Name (If different than Applicant): \_\_\_\_\_

Military Member Unit of Assignment: \_\_\_\_\_

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### Services/Support Requested:

\$ _____ Food	\$ _____ Vehicle	\$ _____ Other (Specify)
\$ _____ Housing	\$ _____ Medical/Dental Care	
\$ _____ Child Care	\$ _____ Prescriptions	
\$ _____ Utilities	\$ _____ Insurance	<b>Total Requested: \$ _____</b>

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### Supporting Documents (Attached with Application):

\_\_\_\_\_ DD Form 214      \_\_\_\_\_ Military/Dependent ID  
\_\_\_\_\_ Deployment Order      \_\_\_\_\_ Other (Specify)  
\_\_\_\_\_ Brief narrative of situation, events, reason or circumstances that led to this need. Include action plan to overcome current financial situation.

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### Requester Signature/Certification:

My signature below certifies that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Unit Review: (Unit Commander/Authorized Representative)

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Duty Position: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**DMA Staff:**

Received By \_\_\_\_\_ Date & Time \_\_\_\_\_ File# \_\_\_\_\_