



COURAGE & SACRIFICE

ASSISTANCE APPLICATION FORM

- Courage & Sacrifice extends assistance to honorably discharged combat veterans injured in the line of duty.
- Applications considered on an as-need basis.
- Please submit your completed application and supporting documents to courageandsacrificenj@gmail.com.

APPLICANT NAME: First _____ MI ____ Last _____

CURRENT MAILING ADDRESS:

Street/Apt No.: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #; _____ **Email** _____

PREFERRED METHOD OF CONTACT: **Mail** **Email** **Phone**

Date of Birth: ____/____/____ **Branch of Service:** _____

Last Assigned Duty Station & Unit: _____

Military Status (Active, Medical Retired, Veteran): _____

Type of Discharge (if applicable): _____

SPOUSE NAME (if applicable): First _____ MI ____ Last _____

Spouse Phone & Email:

NO. OF DEPENDENTS & RELATIONSHIP: _____

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DESCRIPTION OF YOUR INJURY / DISABILITY AND EXPLANATION OF HARDSHIP:

CURRENT MEDICAL CONDITION AND TREATMENT & NAME AND LOCATION OF TREATING FACILITY:

ANY FINANCIAL ASSISTANCE WOULD BE UTILIZED SPECIFICALLY FOR THE FOLLOWING PURPOSE(S):

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED:

ADDITIONAL INFORMATION:

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PLEASE PROVIDE THE NAME OF OTHER ORGANIZATION(S) HAVE YOU REQUESTED ASSISTANCE FROM AND STATUS OF EACH REQUEST:

In addition to your completed application, please submit supporting documentation and copy of ID.

IF VETERAN:

- DD214
- VA Disability Rating
- Other relevant information (if available)

IF ACTIVE MILITARY:

- Physical Evaluation Board (PEB) final disposition
- Proposed VA Disability Rating
- Other relevant information (if available)

AGREEMENT: I understand that applying for assistance does not guarantee that the assistance requested will be granted. I hereby attest that information contained in this application is true and correct to the best of my knowledge:

(Signature of Applicant)

(Date)