



COURAGE AND SACRIFICE INC. ASSISTANCE APPLICATION FORM

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Please fill out and submit to courageandsacrificenj@gmail.com

APPLICANT NAME: FIRST _____ MI ____ LAST _____

CURRENT MAILING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT (CHECK ONE):

MAIL _____ EMAIL _____

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 _____

CONTACT INFORMATION FOR SPOUSE IF DIFFERENT FROM APPLICANT:

NUMBER OF DEPENDENTS & RELATIONSHIP: _____

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DESCRIPTION OF YOUR INJURY / DISABILITY AND EXPLANATION OF HARDSHIP:

(Attach additional pages if necessary)

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

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

(Attach additional pages if necessary)

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED:

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

(Attach additional pages if necessary)

REQUIRED DOCUMENTS:

IF ACTIVE MILITARY IF VETERAN:

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

IF VETERAN:

- DD214
- 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)