



COURAGE & SACRIFICE

# COURAGE AND SACRIFICE INC. ASSISTANCE APPLICATION FORM

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Please fill out and submit to [courageandsacrificenj@gmail.com](mailto: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:**

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**(Attach additional pages if necessary)**

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

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

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**(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:

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(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:**

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(Signature of Applicant)

(Date)