



CHECKLIST FOR FINANCIAL AID OR EDUCATIONAL ASSISTANCE REQUEST

THREE DEUCE FIVE MARINE FOUNDATION

501(c)(3) – EIN # 20:3280066

- _____ Three Deuce Five Marine Foundation application signifying specific need**
- _____ DD-214 (Copy) – Black Out your SSN for protection**
- _____ Short essay with description of assistance requested (250 words recommended). If there are multiple bills or debts, please prioritize them so the most important needs can be addressed first.**
- _____ Proof or enrollment at a college or university (only if applying for educational assistance).**
- _____ Documentation of financial need (Copies of bills, overdue notices, invoices, rental agreements, creditors, etc. with contact information for creditors).**

RETURN BY MAIL

Three Deuce Five Marine Foundation

14837 Detroit Avenue #297

Lakewood, Ohio 44107

RETURN ELECTRONICALLY

Dan.McGill325@gmail.com / Chairman of Asssitance Committee, TDFMF

330.998.3435



APPLICATION FOR ASSISTANCE --Three Deuce Five Marine Foundation

***Eligibility requires service in the United States Marine Corps or the United States Navy as a FMF Corpsman with the Marine Corps. All applicants must have an Honorable Discharge. Persons who served with other units assigned or attached to Marine units may be eligible for assistance with proper documentation on a case by case basis.**

Your Name _____

Street Address _____

State _____ Zip _____ Dates of Service _____

Home Phone _____ Cell Phone _____

Email Address _____

Age _____ Years Served _____ Unit At time of Discharge _____

VA Disability Information (Service Connection / Rating) _____

Circle any applicable agencies you have requested assistance from: Veterans Administration, Veterans Service Commission, Social Security Administration, Salvation Army, Soldiers and Sailors Relief, Wounded Warrior Project

Please provide any other agencies from which you have requested assistance:



Current Year Income Information

Income (include wages, benefits, social security, ADC, child support, etc.)

Your Gross Annual Income _____

Source of Income (Name and Address of Employer) _____

Do You Have Health Insurance? YES ____ **NO** ____

Do You Receive Tuition Reimbursement? YES__ **NO** ____

Other Sources for funding: Savings _____ **VA Benefits** _____ **Other** _____

**Your Marital Status (Circle One) MARRIED SINGLE DIVORCED WIDOWED
SEPARATED**

Number of Dependent Children _____ **Your Spouse's Income** _____

Housing (Circle One) OWN RENT HOMELESS STAY WITH FRIENDS / FAMILY

Monthly Housing Expenses_____

***I certify that the information provided on this application is true. Any information that is false or misleading can result in a denial of this or future requests for assistance.**

Signature of applicant_____ **Date** _____