

RICKENBACKER MILITARY FAMILIES

Application for Financial Assistance

Questions? Please contact RicMilFam@gmail.com or (614) 916-6492.

Last Name:		First Name:		MI:	
Rank:		ETS:		If Spouse, POA?	
Unit:				Status:	
Address:					
Email:			Phone:		

Explanation of Current Financial Hardship

(Use Reverse of this sheet whenever necessary.)

List Specific Need:	Amount:	List Specific Need:	Amount:
	\$		\$
	\$		\$
	\$		\$
Total Requested:	\$		\$

According to bylaws, RMF is required to make payments directly to creditors. Provide a copy of all statements, bills, contracts, etc.

Assistance Requested from Other Individuals, Organizations, Sources

(Note whether request was approved, denied, or still in process.)

Referral from Family Programs Office

Name:		Date:	
Signature:			

Applicant Statement of Understanding: Unless otherwise notified by the board of RMF, repayment is not required. However, I may volunteer for this organization and/or the family programs office. Should my financial situation improve, a donation to assist other families would be appreciated.

Signature:		Date:	
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Board Action

Date & Manner Reviewed		Approved?	
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