



The American Legion
Department of Wisconsin
National Security/Homeland Security Committee

TROOP AND FAMILY SUPPORT EVENT/PROJECT APPLICATION

This application should be used for individuals and organizations that are requesting donations that will directly assist OIF/OEF veterans and/or their families.

Date: _____

Request Submitted by: _____

REQUESTOR'S INFORMATION (PLEASE PRINT)

Organization's Name: _____

Requestor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

PURPOSE FOR REQUEST

Who directly benefits from this event or project (i.e. Name of military unit):

What is the benefit they will receive: _____

Contact information for the beneficiary (i.e. Contact person of the military unit):

Name: _____

Phone: _____ Email Address: _____

PROJECT DESCRIPTION

Event or Project Name: _____

Date of Event: _____

Place of Event: _____

Total Amount Needed: _____

Donors names and amounts of other money received: _____

Amount Being Requested: _____

Date money needs to be in hand: _____

How will The American Legion be recognized at the event?: _____

PROJECT DETAILS

**Detailed information and list of what is being done and what each item will cost.
(Receipts will be needed if grant is approved.)**

Submit to: **The American Legion Service Office**

5400 W National Ave #164

Milwaukee, WI 53214-3461

414 902-5722

Fax # (414) 902-9401

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