

REQUEST FOR FINANCIAL AID
Submitted to
Buffalo American Legion Post 270

Requesting Organization or Individual _____

Address _____ Phone No. _____

Contact Person _____ Phone No. _____

General Purpose (check one):

- | | |
|---|---|
| <input type="checkbox"/> ISD 877 | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> International | <input type="checkbox"/> Other Community Projects |
| <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Disability/Handicapped |
| <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Other: _____ |

Specific purpose: _____

This will benefit: _____

What other organizations or social agencies have you contacted for this assistance? _____

Which are going to help you? _____ To what extent \$ _____

Amount requested from Legion \$ _____

Total Amount \$ _____

Check payable to: _____ Date Needed _____

Signed _____ Dated _____

Applicant: Do not write in the shaded area.

Amount(s) awarded to date this year - \$ _____

For Last Fiscal Year (07/01 - 06/30) - \$ _____

	<i>Amount</i>	<i>Initials</i>	<i>Date</i>
Board Recommended	_____	_____	_____
Post approved	_____	_____	_____

Comments, if any: _____

Please return this form to:
Buffalo American Legion Post 270 • Buffalo, MN 55313