

Caldwell Night Rodeo Military Relief Fund Application

If you need assistance completing this application, please call 208-459-2060



Mail To:
Caldwell Night Rodeo
Military Relief Fund
Po Box 98
Caldwell, ID 83606

Military Member's Information

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

AIR FORCE _____ ARMY _____ COAST GUARD _____ MARINES _____ NAVY _____ NATIONAL
GUARD? _____ RESERVES? _____ (Check One)

IS MEMBER MARRIED: _____

APPLICATION INFORMATION (SPOUSE'S OR DEPENDENT'S INFORMATION IF APPLICANT IS OTHER THAN MILITARY MEMBER)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ RELATIONSHIP TO MILITARY MEMBER: _____

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION (VERIFICATION MANDATORY)

I verify that service member is in good standing with the unit, and that all necessary documentation is attached and the need is verified

NAME: _____

POSITION/TITLE: _____ PHONE NUMBER: _____

I (printed name) _____ am requesting a grant to pay for the following items:

ITEM (Repair, Service, Bill, etc)	SERVICE PROVIDER (Company Name & Phone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
Total Amount Requested		\$ _____

Please use attachment(s) if additional space is necessary

Total Military monthly income (Pre-Tax) \$ _____

Items required for Proof are listed below. ***Please initial on the line below when each item is provided.***

- | <u>Initials</u> | <u>Requested Document</u> |
|-----------------|--|
| _____ | Attach written statement or letter from service member or family member (if member is deployed) on what the grant will be used for. In the attached statement, please explain why military duty impairs the ability to pay the debt or bill. |
| _____ | Attach copies of bills/invoices/estimates/notices for expenses that the grant will be used for. |

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize Caldwell Night Rodeo Military Relief Fund to evaluate my application. Disclosure of information on this form including social security numbers is voluntary, however failure to provide requested information may prohibit the processing of this application. **I also understand that if funds are granted, a check or checks will be made out jointly to myself and to the creditor and must be endorsed by both to be valid.***

Applicant Signature

Date