

Veterans Committee of Harvey County

1220 Columbus Circle
Newton, KS 67114 Phone: 316-215-2147

Our Community Will Never Forget

Assistance Application

Applicant Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Phone: () _____

Assistance/Service Member Information

Assistance Needed: _____ Local Reference: _____

Branch of Service: _____ Name: _____

Duty Location: _____ Social Security ID: _____

Work Phone: () _____ Cell Phone: () _____

Date Assistance Needed: _____ Amount: \$ _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Upon review you will be contacted as to how we can be of assistance. Any request over \$50.00 will need to be taken to the full membership for approval. Please give us as much information as possible when requesting assistance (i.e. type needed, amount \$, and service member information if you are not a veteran or serviceperson yourself). We are a Veterans Organization dedicated to the service member as well as the families of service members.

Signature/Date

Approved

Declined