

Army of Hope Assistance Application

Florida State Elks Association, Inc.
ARMY of HOPE
Assistance Request Form

Name: _____

Address: _____

City: _____ State _____ Zip _____

Military Branch _____ Unit: _____

Request: Please identify your deployment status and/or previous deployments. Be specific as to the nature of the request and the conditions that exist that prevent you from being able to afford the item(s) requested. Please do not request funds for items that are covered by insurance or by the branch of the military in which you serve. Attach estimated cost information or receipts. Use additional sheet(s) if necessary.

Lodge Veterans Committee Chairman comments:

District AOH Committee Chairman comments:

Submit your completed request and attachments to the Elks Lodge closet to you. The Lodge Chairman will review the request and then forward it to the District Chairman. The District Chairman will review the request and then forward it to FSEA at P.O. Box 49, Umatilla, FL 32784-0049