



Applicant Information

Full Name: _____ D.O.B. _____
Last First M.I. MM/DD/YYYY

Current Address: _____
Street Address Apartment/Unit #
City State Zip Code

Phone: (____) _____ Email: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, please give a brief explanation of the situation.

Have you applied for assistance from American Warfighters previously? YES NO

If yes, when? _____

Military Service

Branch: _____ Dates of Service: _____ to _____
MM/YYYY MM/YYYY

Can you provide a copy of your DD214: YES NO Do you have a Military I.D. _____ YES NO

Type of Discharge: _____ If other than honorable, please give a brief explanation of situation.

Assistance Requested

Brief explanation of situation:

Services needed/requested:

Monetary amount requested: \$ _____

References

Please provide **two professional** references and **one personal** reference.

Professional Reference

Full Name: _____
Company Name: _____
Address: _____

Relationship: _____
Phone: _____

Professional Reference

Full Name: _____
Company Name: _____
Address: _____

Relationship: _____
Phone: _____

Personal Reference

Full Name: _____
Address: _____

Relationship: _____
Phone: _____

Disclaimer and Signature

This information will aid your eligibility for assistance. AWF will not disclose information collected on this form to any source other than those with the need to know.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

PAY IT FORWARD CONTRACT

I certify that if I am to receive any type of assistance from the American Warfighters Inc. (AWF) I will donate an agreed-on amount of volunteer service to the AWF team. My volunteer service can range between from helping with fundraising events and/or assisting in helping another veteran in need.

I understand, that if I do not meet the amount of volunteer service agreed upon in this contract, I am required to return the following: all funds donated, value of assistance received, cost of AWF man hours at \$15 an hour, per person involved in assistance.

Estimated Start Date: _____

Estimated Completion Date: _____

Signature of Applicant: _____

Or

Signature of Guardian of Applicant: _____

BOARD MEMBER USE ONLY

President: Approval: _____

Comments: _____

Vice President: Approval: _____

Comments: _____

Operations Manager: Approval: _____

Comments: _____

Secretary: Approval: _____

Comments: _____

Treasure: Approval: _____

Comments: _____

Voted on meeting of: _____

Additional information:

