



DEPARTMENT OF WISCONSIN

ACTIVE-DUTY MILITARY & FAMILY EMERGENCY GRANT GUIDELINES

The American Legion Auxiliary, Department of Wisconsin offers an Active-Duty Military & Family Emergency Grant to qualified service members who are residents of the state of Wisconsin.

Since 1921 members of the American Legion Auxiliary have come together in support of veterans, military families, children and our communities. We are pleased to report that our members have responded to our motto, "Service not Self," with donations designated for the direct assistance of active-duty military members and their families.

The American Legion Auxiliary offers assistance in the form of grants to service members and their immediate family members (spouse and dependent children living in their household) who have an emergent financial need beyond the capabilities of the service member. Please use the following guidelines to request assistance:

- This is a one-time only assistance grant for Wisconsin service members, based on availability of funds.
- Applicants should allow 5-7 business days to allow for processing of the application.
- Request for assistance will require evidence of current military service. This includes National Guard members who may still be serving but have never served "active duty."
- The grant money can only be used for the emergent financial need as requested in the application. Examples of assistance include providing funds for overdue utility bills to prevent disconnection of service, past due rent to avoid eviction, funds needed for security deposit, car repairs, moving expenses, emergency travel situations, medical needs, and food/gas cards.
- Funds will not be paid to the veteran and/or a family member of the veteran, but to the landlord, company, supplier, or repair shop to whom the money is owed.
- Details of need, purpose and amount of money requested must be provided.
- A financial worksheet must be filed with the application. Failure to provide complete information or providing false information may result in automatic denial of the grant application.
- All applications are reviewed for approval by the grant committee consisting of the American Legion Auxiliary Department National Security Chairman, Finance Chairman, and Department President.
- Questions? Contact Department Secretary Bonnie Dorniak at 608-745-0124, Monday-Friday, 8:00 am – 4:30 pm.

The American Legion Auxiliary, Department of Wisconsin grant committee will examine all requests as soon as possible. The National Security Chairman will review applications upon receipt, request additional or clarifying information if necessary, and notify the service member of the committee's decision after a thorough review. All decisions of the committee are final.

**GRANT APPLICATION, FINANCIAL WORKSHEET, EVIDENCE OF MILITARY SERVICE,
AND NARRATIVE MUST BE ATTACHED (Revised 02/2025)**



DEPARTMENT OF WISCONSIN

ACTIVE-DUTY MILITARY & FAMILY EMERGENCY GRANT APPLICATION

The American Legion Auxiliary, Department of Wisconsin (ALA-Wisconsin) offers assistance to active-duty military members who have an emergent financial need in an effort to help them through unusually challenging circumstances on a one-time basis.

Grant Application to be completed by a SPONSOR (Family Readiness Group representative, Family Assistance Center representative, or County Veterans Service Officer)

Submit to: ALA-Wisconsin (Fax: 608-745-1947 or Email: deptsec@amlegionauxwi.org).

SPONSOR'S INFORMATION:

Name, Title	
Address:	
Contact Info:	Phone #: _____ Email: _____
Other Assistance:	Has Service Member applied for assistance from other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No Were other funds approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Verification of Military Service	Evidence of Military Service attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Military Branch: _____ Service dates: _____ to _____

SERVICE MEMBER'S INFORMATION:

May we contact the service member directly? Yes No

Name:	
Mailing Address City, State Zip:	
Contact Info:	Phone #: _____ Email: _____
Summary of need and purpose:	<i>(Provide details on narrative sheet)</i>
Amount requested:	Date funds are needed:
Check Payable to: <i>(Payment will not be made to service member or a family member.)</i>	Name: Mailing Address: City, State Zip: Phone #:

I agree all information written above is correct and any funds received will be used for its intended purpose.

Service Member's Signature / Date: _____

Sponsor's Signature / Date: _____

AMERICAN LEGION AUXILIARY, DEPARTMENT OF WISCONSIN
ACTIVE-DUTY MILITARY & FAMILY EMERGENCY GRANT APPLICATION
FINANCIAL WORKSHEET (Required)

Service Member's Name: _____ Date: _____

MONTHLY HOUSEHOLD INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Applicant Gross Monthly Income		Rent/Mortgage	
Spouse/Significant partner Gross Monthly Income		Auto Loan	
VA Disability Pension/Benefits		Gas/Electric	
Unemployment		Sewer/Water	
SSI/SSDI		Cable/Internet	
Child Support Received		Phone	
W2 Benefits		Child Support Paid	
Food Share Program		Child Care	
Other Income (Describe)		Home/Rental Insurance	
		Vehicle Insurance	
		Health Insurance	
		Life Insurance	
		Credit Cards	
		Student Loan	
		Other Expenses (Describe)	
TOTAL INCOME		TOTAL EXPENSES	

I declare the financial information provided is complete and accurate to the best of my knowledge.

Service Member's Signature: _____ Date: _____

APPLICANT NARRATIVE

Please provide additional information or circumstances that were a factor in creating the need to apply.

Service Member's Signature: _____ Date: _____