



Request for Assistance

How did you learn about the Mid Ohio Marine Foundation? _____

Name First M.I. Last

Number Current address City State
 Street

 Home Phone Cell Phone Work Phone
 () () ()

Email address

Are you currently on active duty, reserve, IRR, retired or former Marine? If not are you the spouse or family member of a current or former Marine?

 Date of Enlistment Date of Discharge Type of Discharge

What type of assistance you are requesting? _____

Have you applied for aid with any other organizations or institutions? _____

If so, what organization(s) and when? _____

Have you received a response to your request? _____

What was the outcome? _____

Please explain, (in detail) the circumstances behind your need for aid, attach copies of bills, credit notices etc... if possible. The more information that you can provide the faster the board can determine the level of assistance that we may provide. You may use a separate page for your explanation or to attach other relevant information. Incomplete or unanswered questions may delay the response to your request for aid.
 Fax all request to (614)895-3466