



Grant Application

Name _____	Rank _____	Service Number _____
SS # _____	DOB _____	
Address _____		Military Status _____
_____		Military Service Dates _____
_____		Combat Area _____
E-Mail Address _____		Branch of Military _____
Phone Number _____		
List Company, Dates Deployed, and Location in Combat Zone		

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Employer's Name _____
Employer's Address _____
Employer's Phone Number _____

Marital Status: Circle ones S M D W

Spouse's Name _____
Employer _____
Address _____

SS# _____ DOB _____

Phone Number _____
E-Mail _____

Dependent's Names and DOB

If no Spouse or children list next of kin: _____

Current Monthly Income (please list each source) _____
yours _____
spouses _____
other _____

Current Monthly Expenses (please list each source) _____

What assistance are you requesting and why: _____

(If you are requesting help for specific bills please attach a copy of those bills)

Have you contacted other organizations for this assistance, which ones and how much help was received

Are there any government or VA agencies that supply any of the requested assistance, if yes please explain

Please attach a copy of the following

- DD214**
- Latest Federal Income Tax Return**
- Latest Pay Stubs**

The Heroes Fund at the Community Foundation West Chester/Liberty been established to provide one time financial support for any military family, current or honorably discharged, whose primary breadwinner has served in a combat zone, or to benefit non-profit organizations supporting those qualified individuals that live in the Butler, Hamilton, or Warren County areas of Ohio. All grants from this fund are made at the discretion and recommendation of the Heroes Fund Advisory Board with the final approval by the Board of Directors of the Community Foundation of West Chester/Liberty. Each application will be considered on a case by case basis.

Applicant Signature: _____

Date: _____

Please send application and all requested materials to:

Heroes Fund
The Community Foundation of West Chester/Liberty
5641 Union Centre Drive
West Chester, OH 45069
513.874.5450

For Community Foundation Use Only
Heroes Fund Application Check List

Applicant Name _____

Date Application received at Community Foundation _____

Heroes Fund Advisory Board Member receiving Application _____

Date given to Heroes Fund Advisory Board Member _____

Action Taken by Heroes Fund Advisory Board: please check one

_____ **Request approved**, please list what specific grant was approved and date it was sent

Attach approval letter to this form

_____ **Request tabled** until later, pending report from other agencies that they are to contact.

Attach letter with other agency suggestions

Date letter sent _____

_____ **Request denied** as not meeting our guidelines.

Attach denial letter to this form

Date denial letter sent _____

Reason for denial _____

Additional Comments

Signature of Lead Advisory Board Member: _____

Signature of Advisory Board Chair: _____