

Assistance Application

The Pat Mac Fund Inc.
MAC'S MIGHT



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

MILITARY SERVICE

A copy of your DD-214 must accompany this application along with a copy of a valid government issued photo ID.

Branch of Service

Rank

Last Unit

City, State, Zip Code

Date of Enlistment

Date of Separation

Awards

List of awards earned during service.

Current Benefits

Tell us if you are currently receiving any benefits from any other sources. (VA, Wounded Warriors, etc.)

VA

Wounded Warriors

Other(Describe):

Assistance Being Requested

Briefly describe the reason for applying for assistance.

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References

Please provide the name of two references that may be contact in regards to assistance request.

Name	
Relationship	
Phone Number	
Name	
Relationship	
Phone Number	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I my application is accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Print)	
Signature	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your service.

Mail Completed Assistance Package to:

The Pat Mac Fund
P.O. Box 305
Hopwood, PA 15445

Forward any questions to:

info@thepatmacfund.org