



Richard H. Stewart, Jr. American Legion Post 543
APPLICATION FOR ASSISTANCE

Name of applicant's sponsor _____

Phone number of applicant's sponsor _____

By completing this application, I agree and understand that the information I have provided is as true and accurate as possible.

Name: _____

Street Address: _____

Additional Address: _____

City: _____, North Carolina

Zip Code: _____ Telephone Number: () _____ - _____

Branch of Service: _____

Dates Served on Active Duty: _____

Type of Discharge: _____

SIGNED: _____

(Applicants Signature)

WITNESS: _____

(Sponsoring Post Veteran's or Service Officer Signature)