



**NEVADA MILITARY
SUPPORT ALLIANCE**

SOLDIER ASSISTANCE REQUEST FORM

Date Requested: _____ Date Granted: _____

APPLICANT INFORMATION: _____

PRIMARY CONTACT PERSON: _____

APPLICANT NAME: _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # _____ **EMAIL** _____

SUMMARY OF REQUEST: (What is being asked of the NMSA)

___ Soldier request ___ Family request ___ Non-profit request ___ Business request ___ Other

AMOUNT OF REQUEST: _____ **PAYABLE TO:** _____

DATE NEEDED BY: _____

FAMILY INFORMATION & REASON FOR REQUEST

Please tell us about your family-age and number of children, special health conditions or needs, and any other information that will help us while reviewing your application.

REQUIRED ATTACHMENTS:



NEVADA MILITARY SUPPORT ALLIANCE

Provide a copy of your marriage certificate if you are the spouse of the Nevada service member, birth certificate(s) if you are the child(ren) of –or applying on behalf of the child or children—of a Nevada service member. Proof of Nevada Residency. A copy of your most recent tax return is required for all applicants. Letter(s) of support from others familiar with your situation are optional.

The following have been provided:

___ Marriage Certificate ___ Birth Certificate (for the children of NV soldier) ___ Most recent tax return
___ Letters of Support ___ Proof of Nevada Residency

APPROVAL

DATE APPROVED: _____ AMOUNT: _____

PAYABLE TO: _____

CHECK # _____ FROM COMMUNITY FOUNDATION: YES NO
FROM OPERATING ACCOUNT: YES NO

SIGNATURE

DATE

SIGNATURE

DATE