

SHORT-TERM ASSISTANCE QUESTIONNAIRE

Thomas A. Biddle Foundation

Date: _____

APPLICANT INFORMATION

Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ State _____ Zip _____

Telephone #: Home _____ Cell/Work _____

Email Address: _____

Date of Birth: _____

Gender: M _____ F _____

Children: Yes _____ No _____ # of children _____

Applicant's Relationship to Deceased Service Member: _____

Is this request for you or a family member? You _____ Family Member _____

Family Member's Name: Last _____ First _____ Middle _____

Family Member's Age: _____

Family Member's Relationship to Deceased Service Member: _____

If more than one family member, list their information in the spaces provided on page 4 of this document.

DECEASED VETERAN'S INFORMATION

Please provide a copy of your Veteran's DD Form 214 when submitting your application.

Deceased Name & Rank: _____

Date of Passing: _____

Branch of Service: _____

Last Duty Station: _____

BRIEF ESSAY

Provide a brief essay (on a separate document attached to your application or in the body of your submission email) of you and your family leading up to and after the loss. The essay is used to understand the needs of your families. (This essay will not be shared without your permission.)

TYPE OF ASSISTANCE REQUESTED

Please check the category that best describes your current need:

- ☐ Children's Camp
☐ Family Grievance Camp
☐ Workshop or Healing Retreat
☐ Travel Expenses
☐ Emergency Repair or Household Essential
☐ Other: _____

PROVIDER & FUNDING INFORMATION

Provider/Business Name: _____

Contact Name: _____ Phone #: _____

Address: _____

(You must provide a current quote or written estimate from the business providing the service.)

FUNDING REQUEST

Funding Amount Requesting: \$ _____

If funding is awarded, all funding is sent directly to the organizations and businesses providing services on behalf of the veteran family.

OTHER INFORMATION

Receiving funds from other organizations: Yes ____ No ____

If Yes, please list organization(s). (i.e., Folds of Honor, AASRFGSP, Special Operations, Warrior Operations, American Legion, VFW, DAV etc.)

**Disclosure of information does not determine qualification*

STATEMENT OF FUND IMPACT

Provide a 3 - 4 paragraph statement (on a separate document attached to your application or in the body of your submission email) on how these funds will benefit you or your family and your goals.

LIST ANY ADDITIONAL INFORMATION YOU FEEL IS PERTINENT

(Examples: Home schooling, child rearing, taking care of exceptional family members, special needs children, aging parents, or if you are a single parent)

STATEMENT OF CERTIFICATION (BOTH SIGNATURES ARE REQUIRED)

I certify the information provided in this application is accurate and complete to the best of my knowledge. I understand failure to provide full documentation or falsification of credentials will result in disqualification of this application. I agree to provide, if requested, official documentation to verify information reported on this application. In the event I receive funds award and elect not to use the funds during the calendar year, I will immediately return the award to the Thomas A. Biddle Foundation. I also understand the decision of the committee is final.

Applicant's Signature
Date

Guardian's Signature
Date

Does Survivor/Guardian give the Thomas A. Biddle Foundation permission to share information to potential Funding foundations? Yes ____ No ____

Once completed, email the application to the TAB Foundation at tabfoundation@hotmail.com as a PDF document, or return the application via mail to Thomas A. Biddle Foundation, P.O. Box 4141, Wenatchee, WA 98807.

Date received by TAB Foundation: _____

ADDITIONAL FAMILY MEMBERS (IF APPLICABLE)

Family Member Name: Last _____ First _____ Middle _____

Family Member Age: _____

Relationship to Deceased Service Member: _____

Family Member Name: Last _____ First _____ Middle _____

Family Member Age: _____

Relationship to Deceased Service Member: _____

Family Member Name: Last _____ First _____ Middle _____

Family Member Age: _____

Relationship to Deceased Service Member: _____

Family Member Name: Last _____ First _____ Middle _____

Family Member Age: _____

Relationship to Deceased Service Member: _____

Family Member Name: Last _____ First _____ Middle _____

Family Member Age: _____

Relationship to Deceased Service Member: _____