

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Title/Rank/Grade: \_\_\_\_\_ Civil Air Patrol Rank/Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were/are you a member of the NH Wing? Yes No

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If under 18:

Parent or Legal Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent or Legal Guardian's Email: \_\_\_\_\_

Parent or Legal Guardian's Phone Number: \_\_\_\_\_

Briefly describe the goal you are attempting to achieve?

What is the monetary obstacle and monetary amount preventing you from achieving your goal?:

Briefly describe how our funds will assist you in achieving your goal?

May we contact you if we require more information? Yes No

Should you be awarded, may we use your name, award amount, life goal, and photo on our marketing platforms to assist us in fundraising? \*NOTE: This will not be considered for your award application\* Yes No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18:

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_