



# WARRIOR RELIEF FUND

## Application for Assistance



P.O. Box 335, 1835 East M-35  
Little Lake, Michigan 49833  
[www.warriorrelieffund.com](http://www.warriorrelieffund.com)

Full Name	Date of Birth	Phone Number
Address	Email Address	Branch of Service
Check DD-214		
Dates of Service	Type of Discharge	Yes    No
Marital Status		# of Dependents

For us to make a rational decision, we need the following information:

1. Please tell us about your situation.
2. How you arrived in this situation.
3. Any medical issues, financial issues, family issues.
4. Any other information you feel we need to know about.
5. What assistance you have applied for and what assistance you have received. (if any)
6. What assistance you would like from us.

Please attach copies of all pertinent information

When we receive this application, we will review the information and make a decision. Whatever we decide, we will notify you immediately,

*Our Mission is to provide **IMMEDIATE** Assistance*

*to any Active Duty Military, Guard, Reserve or Veteran in a time of crisis*

Richard Wood  
The Warrior Relief Fund  
Phone: 906-346-7302  
Email: [rwood1956@yahoo.com](mailto:rwood1956@yahoo.com)

John Swanson  
The Warrior Relief Fund  
Phone: 906-361-2369  
Email: [jswansonmsis@gmail.com](mailto:jswansonmsis@gmail.com)