



**The Cost of Courage Foundation**  
**Military and Veteran Emergency Support Program**  
**Assistance Request Form**

**I am applying for the following program(s):**

Commissary Gift Card Program	
Grocery Box Program	
<b>*Please check the corresponding box (choose only one)</b>	
If Commissary Gift Cards are unavailable, would you accept a grocery box?	

**Section A:**

If you are applying on behalf of someone else, please provide your information below:  
 (If you are applying on behalf of yourself, please skip this section and go to Section B)

Name	
Relationship to Recipient	
Address	
Phone Number	

**Section B:**

Please Note: Recipient Must Be an Active Duty Service Member or Military Veteran

Name of Recipient	
Address of Recipient	
Phone Number of Recipient	
If Recipient is Active Duty, please provide the name of the individual who will be accepting the package on their behalf (i.e. spouse, child)	
Will any children be receiving the assistance packages?	Yes or No