Marine Gunner Association (MGA)
Hardship / Financial Assistance Application

Purpose:
The Marine Gunner Association (MGA) recognizes that unforeseen personal or family hardships can affect members of our community. This program provides one-time financial assistance to eligible applicants experiencing significant hardship. Assistance is a grant, not a loan, and does not require repayment.

SECTION 1 – Applicant Information

Full Name: _____

Rank/Title (if applicable): _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

MGA Membership Status (☐ Active ☐ Lifetime ☐ Non-Member):

_____

SECTION 2 – Nature of Hardship

Please describe the nature of your hardship (check all that apply):

☐ Medical emergency ☐ Loss of income/employment ☐ Natural disaster

☐ Funeral/family crisis ☐ Other (describe): _____

Describe hardship circumstances: _____

Impact on financial stability: _____

SECTION 3 – Financial Assistance Request

Requested Amount (up to $_____): _____

Intended use of funds (check all that apply):

☐ Rent/Mortgage ☐ Utilities ☐ Food/Groceries ☐ Transportation ☐ Medical/Prescription ☐ Other: _____

Previously received MGA assistance (if any): _____

Other aid requested/applied for: _____

SECTION 4 – Supporting Information

- A brief personal statement (1 page maximum) describing your current situation.

Marine Gunner Association (MGA)
Hardship / Financial Assistance Application

- Any supporting documentation verifying the hardship (e.g., bills, eviction, medical, layoff notice).
- Optional: Letter of endorsement from MGA member, command representative, or community leader.

SECTION 5 – Certification and Agreement

By signing below, I certify that:
- The information provided is true and complete to the best of my knowledge.
- I understand this is one-time assistance and does not create ongoing obligation by MGA.
- I authorize MGA to verify information if needed.
- Falsifying information may result in denial or ineligibility for future assistance.

Applicant Signature: _____

Date: _____

SECTION 6 – For Internal Use Only (MGA Board / Committee)

Date Received: _____

Reviewed by: _____

Supporting Documentation Complete (☐ Yes ☐ No): _____

Decision (☐ Approved ☐ Denied ☐ Deferred): _____

Approved Amount: _____

Date of Disbursement: _____

Authorized by (name/title): _____

Notes/Comments: _____

Privacy and Confidentiality

All information submitted will remain confidential and reviewed only by the MGA Assistance Committee and Board of Directors. Data will not be shared externally.