



Global Charities Foundation, Inc.

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APPLICATION FORM (Please Type or Print)
(DISABLE VETERANS AID)

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

DATE OF BIRTH _____ MALE ___ FEMALE ___

HOW MANY IN HOUSE HOLD? _____ MARRIED? _____

REASON YOU ARE REQUESTING AID:

_____ SSN# _____

HOW LONG YOU BEEN DISABLE? _____ WORKING: YES NO

WHAT MILITARY BRANCH YOU WERE IN? _____

HOW LONG _____ YEAR DISCAHRGED _____

TYPE OF AID REQUESTED: _____

TYPE OF AID RECEIVED: _____

OTHER _____

Applicant Certification:

I certify this application information is true, complete and accurate. I understand that any inaccurate information of a substantial nature provided as a part of this application will result in disqualification. If selected as a recipient, I grant permission for my information, name and/or picture to be used in press releases other media outlets identifying me as a recipient.

Applicants Signature

Date

Office Use Only
Application Number
