



Date: mm/dd/yyyy

Marine Corps
Coordinating Council
Emergency Relief Fund

APPLICATION

Service Member's Name

Applicant's name (if different)

Address:

Phone number

E-mail address

Applicant's relationship to service member

Annual revenue / Revenue sources

Other resources for help already explored

Rank attained / years of service

Amount requested

Reason for financial assistance request (brief summary)

The MCCC will pay debtors directly, please include the appropriate unpaid bills / invoices with this application

Signature Of Commanding officer: