## Combat Boots & High Heels

## Request for Assistance

|  |
| --- |
| Applicant Information |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name:** | Last |  First | MI |
|  |  |  |  |

 |
|

|  |  |
| --- | --- |
| **Address:**  |  Street Address City State ZIP |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Email Address:** |  Email | **Phone Number:** |  Cell or Home ONLY |

 |
|

|  |  |
| --- | --- |
| **How did you hear about us?** | Friend, Advocate, Volunteer? |

**Assistance Requested**: Please be as specific as possible  |
| **Justification:**  Please be as specific as possible. Please attach any supporting documents, such as DD214s, to the email upon submission to CB&HH |
|  |
|  |
| *I certify that the information contained within this request is true and accurate to the extent of my knowledge.* |
|

|  |  |
| --- | --- |
|  |  |
| Requestor Signature | Date |

 |
|  |
|  |

Please print this form upon completion, sign and date it, then scan and send it to cbhhorg@gmail.com. You can expect a response within 72 hours of submission.