## Combat Boots & High Heels

## Request for Assistance

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| Applicant Information |
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| **Applicant Name:** | Last |  First | MI |
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| **Address:**  |  Street Address City State ZIP |

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

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| **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 |
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| *I certify that the information contained within this request is true and accurate to the extent of my knowledge.* |
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| Requestor Signature | Date |

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Please print this form upon completion, sign and date it, then scan and send it to combatboots.highheels3@gmail.com. You can expect a response within 72 hours of submission.