## Combat Boots & High Heels

## Request for Assistance

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| Applicant Information |
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| |  |  |  |  | | --- | --- | --- | --- | | **Applicant Name:** | Last | First | MI | |  |  |  |  | |
| |  |  | | --- | --- | | **Address:** | Street Address City State ZIP | |
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| |  |  |  |  | | --- | --- | --- | --- | | **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 |
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| *I certify that the information contained within this request is true and accurate to the extent of my knowledge.* |
| |  |  | | --- | --- | |  |  | | 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.