



Auxiliary Emergency Fund
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Year End Report

Questions to be answered and sent to Chairman by May 15, 2024.

UNIT# _____ TOWN _____ CHAIRMAN _____

1. Was this program mentioned at the first meeting of 2023-2024 year? _____
2. Did any members apply for this assistance? _____
 - A. Natural Disaster _____
 - B. Temporary Assistance _____
3. Was the department Chairman notified? _____
4. Were applications gotten on line? _____
or was the department Chairman contacted? _____
5. Did your Unit donate to AEF? \$ _____

go to www.sd.legionaux.org
or legion-aux.org

Thank you for the information!



Auxiliary Emergency Fund

Application Instructions for Temporary Assistance for ALA Members

An Auxiliary Emergency Fund grant may provide temporary assistance to eligible members during a time of financial crisis when no other source of aid is readily available to pay for shelter, food, and utilities. Grants may be awarded up to \$2,400 with the intent is to help members who have suffered a financial setback and offer a helping hand until financial stability is reestablished. Assistance will not be granted to pay medical expenses or credit card debt.

BASIC CRITERIA FOR QUALIFICATION

- The applicant must be an American Legion Auxiliary (ALA) member
- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- One grant per grantee in a 12-month period will be awarded
- Applicant must have exhausted all other financial options and be able to provide past due bills

REQUIRED APPLICATION INFORMATION

The application must be filled out completely and accurately to prevent delay in processing. Please explain **in detail** your current situation/emergency. Include all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered. If the application is not complete, it may be returned for amendment and or further explanation.

CHECKLIST BEFORE SENDING IN THE APPLICATION

- Confirm you have held membership for three consecutive years (the current year and immediate past two years)
- Complete **ALL** sections of the application
- Provide copies of past due mortgage/rent and/or utility bills

SUBMIT APPLICATION

Once application is complete, please e-mail to AEF@ALAforVeterans.org; fax to National Headquarters at (317) 569-4502; or mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

QUESTIONS

If you have any questions, please email AEF@ALAforVeterans.org or call (317) 569-4500.



Auxiliary Emergency Fund
Application for Temporary Assistance for ALA Members

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or Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

Member's Full Name: _____ Member ID #: _____

Member's Unit # & Location: _____ Member's Dept: _____

Member's Address: _____
address city state zip

Member's Phone Number: () _____ - _____ Email: _____

Years of consecutive ALA membership: _____ Number of family members in the home: _____

What is your current employment status?

Full-Time Part-Time Laid-Off Retired Worker's Compensation Unemployed

Place of Employment: _____ If unemployed, last date of employment: _____

If unemployed, please explain and outline steps taken to secure employment: _____

What is your spouse's current employment status?

Full-Time Part-Time Laid-Off Retired Worker's Compensation Unemployed

Place of Employment: _____ If unemployed, last date of employment: _____ If spouse is deceased, date of death: _____

Applicant Narrative: Please explain in detail your current situation/emergency. Include any additional information not outlined elsewhere on the application. Attach copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.

