



# Personal Grant Request Form

## Applicant's Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount requested: \_\_\_\_\_ (Up to \$1,500)

Purpose of the grant request:

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## MARINE CORPS LEAGUE DETACHMENT SPONSOR INFORMATION

Detachment: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sponsor Comments:

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# Monthly Budget Worksheet

<b>Income</b>	<b>Amount</b>		
Marine employment	\$	Hourly Pay:	Hours:
Spouse employment	\$	Hourly Pay:	Hours:
VA Compensation	\$		
Social Security	\$		
Unemployment	\$		
Retirement	\$		
Other Income	\$		
<b>Total monthly income</b>	\$		
<b>Expenses</b>	<b>Amount</b>		
Rent/Mortgage	\$		
Vehicle Payment	\$	How many:	
Vehicle Insurance	\$		
Home/Renter's Insurance	\$		
Electric	\$		
Water/Sewer/Trash	\$		
Cable/Internet/Home Phone	\$		
Cell Phone	\$		
HOA Fees	\$		
Medical (co-pays/prescriptions, etc)	\$		
Gas (vehicle)	\$		
Food	\$		
Personal Needs	\$		
Child Care	\$		
Child Support	\$		
Legal Fees	\$		
Dining Out/Entertainment	\$		
Credit Card Payments	\$	How many:	
Student Loan Payments	\$	How many:	
Loan Payments	\$	How many:	
Miscellaneous	\$		
<b>Total Monthly Expenses</b>	\$		
Total Income	\$		
Total Expenses	\$		
<b>Monthly Surplus/Deficit</b>	\$		