



**The Cost of Courage Foundation**  
**Military, Veteran, and Survivor Emergency Support Program**  
**Assistance Request Form**

**I am applying for the following program(s):**

Gift Card Program

**Section A:**

Name of Service Member

Address

Phone Number

**Section B:**

Name of Recipient

Relationship to Recipient

Address of Recipient

Phone Number of Recipient

If service member is deployed or deceased, please provide the name of the individual/dependent who will be accepting the package on their behalf (i.e. spouse, child)

Will any children be receiving this assistance package?

Yes or No