

**SKATE FOR THE 22 FOUNDATION  
APPLICATION FOR FINANCIAL ASSISTANCE / WORK DETAIL**

This is your application for Financial Assistance or Work Detail through the Skate for the 22 Foundation.

- Only one application will be considered per veteran who committed suicide.
- Only family members / significant others of the victim are eligible to apply.
- Applicant must be the party incurring liability for the submitted expenses.
- Please complete sections 1-4 of this application.
- Your application must be fully complete, signed, and returned with required documentation.
- Applications will not be accepted via email; the application and supporting documentation must be submitted by US mail.
- At its discretion, the Board of Directors may require the applicant to meet with the Board as part of the evaluation process.
- The financial assistance / work detail application process is not complete until you receive a confirmation from the board of directors with the decision of "approved" or "denied".
- If you have questions or need help completing the application, contact Dianna Watters at [Dianna@skateforthe22.com](mailto:Dianna@skateforthe22.com).

**Please mail completed application to:  
Skate for the 22 Foundation  
82 Drake Road, Burlington, MA, 01803**

**Section 1: APPLICANT INFORMATION**

*Please fill out all information completely. If it does not apply, write N/A.*

Name of applicant	Name of Veteran who committed suicide	Relationship of applicant to the veteran
Applicant Phone	Applicant Email	
Applicant Street Address	City/State/zip	

**Section 2: FINANCIAL ASSISTANCE / INTENT FOR FUNDING**

I would like to apply for Financial Assistance: Yes / No (please circle one); If yes, complete this section (Section 2); if no, go to Section 3.

*The purpose of short-term financial assistance is to help the Applicant meet short-term needs while waiting upon receipt of funds from insurance policies, and/or probate results. Short term needs include, but are not limited to, expenses used to pay for:*

**Financial Assistance**

- Mortgage/rent
- Residence-related insurance premiums, utilities and maintenance
- Veteran's Funeral

- Medical expenses
- Child care expenses
- Food

The total amount requested is:

The total amount was derived from the following expenses (Itemize the expenses):

If yes, please explain the intended use of financial assistance funding:

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In order for the Board of Directors to evaluate the request, the applicant must attach bills and/or receipts to document each item which makes up the total amount

### Section 3: WORK DETAIL / INTENT FOR ASSISTANCE

*The purpose of a work detail is to help the Applicant prepare the Veteran's home for sale, perform necessary maintenance, etc., without which the residence would demonstrably lose value or be subject to serious damage.*

I would like to apply for a Work Detail: Yes / No (please circle one). If yes, fill out this section (Section 3); if not, go to Section 4.

If yes, please explain the intended use of a work detail:

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Please provide photographs or other information that will help us evaluate the request

### Section 4: CONSENT / AGREEMENT OF TERMS

I hereby authorize the Directors of the Board of the Skate for the 22 Foundation to make a written decision of eligibility for Financial Assistance. I understand if the information I provide is false, the result will be denial of Financial Assistance/Work Detail. I state that the information given is true and correct to the best of my knowledge. I understand that the decision of the Board is final, without opportunity for appeal.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED (mm/dd/yyyy): \_\_\_\_\_

DATE APPLICATION REVIEWED (mm/dd/yyyy): \_\_\_\_\_

**DECISION OF THE BOARD:**

FINANCIAL ASSISTANCE: APPROVED / DENIED (circle one); FUNDING AMOUNT GRANTED: \_\_\_\_\_

WORKING DETAIL: APPROVED / DENIED (circle one)

FINANCIAL ASSISTANCE REPRESENTATIVE / POC: \_\_\_\_\_