



Detachment of Indiana Sons of The American Legion Sons In Need Application



	Squadron Name	Squadron Number	Submission Date
Squadron Submitting Application			
Name of Squadron Commander			
Phone Number for Commander			
Contact Email Address			
Name of Squadron Adjutant			
Phone Number for Adjutant			
Name of Member in Need			
Members ID Number			

Explanation of Need

Amount Requested

Squad Commander Signature _____

Squad Adjutant Signature _____

Committee Decision Approved Denied

Committee Comments

Chairman Signature _____

D.E.C Decision Approved Denied

Detachment Adjutant Signature _____

Department Approval for Payment Approved Denied

Department Adjutant Signature _____

Attach additional information as needed
Include copies of bills and copy of check

By mail submit to: The American Legion
5440 Herbert Lord Road Indianapolis IN 46216
Attn: SAL Adjutant