



# 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**