



TREA NATIONAL AUXILIARY
WEF/Benevolent Program
P.O. Box 5852 Goodyear, AZ 85338

APPLICATION FOR WEF/BENEVOLENT ASSISTANCE
SPECIFIC MISSION OF THE WEF PROGRAM

The mission of this program is to provide financial assistance to active members of the National Auxiliary whose spouses were members of The Retired Enlisted Association. Eligible assistance may be for dental, vision, hearing aids, special medical equipment or supplies and certain hardship situations.

ELIGIBILITY REQUIREMENTS: The applicant must be a member in good standing of TREA National Auxiliary for a period of one year, with dues paid for the year in which assistance is requested, and must complete this application. A letter stating the reason for the assistance shall accompany this application. The membership shall be in the Auxiliary.

1. NAME OF APPLICANT (first, middle, last)

Address Auxiliary Membership No.:

City/State/Zip

Telephone No. Email Address

2. NAME OF PERSON COMPLETING FORM:

Telephone No. Relationship to Applicant

3. Please explain in detail why a grant is needed (attach additional sheets if needed). Please attach a copy of the estimate for services needed, from business where service or goods will be purchased.

4. Show all other organizations/agencies to which you have applied for assistance and the amount receive from each one:

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

☐ Committee Approval ☐ Committee Disapproval

Date Amount Approved \$

Send completed applications to:

APNP Barb Coley

TREA Auxiliary WEF/Benevolent Program

P.O. Box 5852 Goodyear, AZ 85338

barbcoley@cox.net

Signature of WEF/Benevolent Chairperson

Print Form