THE ROGER L. VON AMELUNXEN FOUNDATION
APPLICATION FOR ASSISTANCE

For the benefit of (check one): **U.S. Customs and Border Protection _____**
U.S. Immigration and Customs Enforcement _____

This letter serves to transmit the personal request for financial assistance for:

Name of person: _____

A current CBP or ICE employee? Yes No

Length of service: _____

Reason(s) for request:

_____

_____

_____

_____

_____

Estimate of financial amount required: _____

Your name (please print): _____

Telephone: _____

Relationship to employee (e.g. supervisor): _____

Signature: _____ Date: _____

Address of CBP or ICE office to which the Foundation will correspond:

_____

_____

_____