APPLICATION FOR ASSISTANCE

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

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

U.S. Immigration and Customs Enforcement

This letter serves to transmit the personal requ	est for financial assis	stance 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:	Da	te: