

**AIR FORCE AID SOCIETY – LESS THAN TWELVE MONTH TIME IN SERVICE FORM**

Applicant's Name/Rank	Date
Applicant's Email Address	Applicant's Phone Number
Applicant's Date of Arrival to Duty Station	Applicant's Unit/Base

The above applicant certifies the following:

1. I have been in military service for twelve months or less in the United States Air Force or United States Space Force.
2. I require consideration for emergency financial assistance through the Air Force Aid Society.
3. I have coordinated with my Commander or First Sergeant, who supports my application and has formally endorsed this request.
4. This form is not intended for requests related to emergency travel, education, community programs, the Exceptional Family Member Program (EFMP), car seat assistance, cranial helmets, natural disasters, personal emergencies, or mental health services.

Please provide the reason for emergency financial assistance:

I certify the above information to be true and complete.	Member's Signature
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**Commander/First Sergeant endorsement: I concur with the applicant's need for consideration.** ☐ YES ☐ NO

Printed Name (Commander or First Sergeant)	Rank/Unit	Signature
Email Address	Phone	