

**AIR FORCE AID SOCIETY – RECONSIDERATION FORM FOR
TRADITIONAL GUARD & RESERVE SERVICE MEMBERS**

Applicants Name	Applicant Phone Number
Applicant Email Address	AFAS Case Number
<p>I am respectfully requesting reconsideration of the case listed above, acknowledging the following conditions:</p> <ol style="list-style-type: none"> 1. The request must be submitted within 5 business days of the initial disapproval. 2. I have consulted with my Commander, Director, First Sergeant or Military & Family Readiness Center Office Representative and they have endorsed this form. 	
Date of Reconsideration Request	Date of Original Case Disapproval
<p>Reason for Official Disapproval: Please specify the reason for the initial disapproval.</p>	
<p>Reason for the Reconsideration Request:</p>	
This form is being emailed to ea@afas.org within 5 business days of the initial disapproval.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have attached all supporting documents to this email for review (list documents below).	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that the final decision concerning this reconsideration request will be made by the Air Force Aid Society.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I certify the above information and statements to be true and complete.	Member's Signature

Commander, Director, First Sergeant, Military & Family Readiness Center Office Representative Endorsement.
I concur with this request for reconsideration. YES ☐ NO ☐

Printed Name (CC, Director, CCF, M&FRC Office Rep)	Rank/Position	Signature
Email Address	Phone	