

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

Applicants Name	Applicant Phone Number
Applicant Email Address	AFAS Case Number

I am respectfully requesting reconsideration of the case listed above, acknowledging the following conditions:

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
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Reason for Official Disapproval: Please specify the reason for the initial disapproval.

Reason for the Reconsideration Request:

This form is being emailed to reconsiderations@afas-hq.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	