

# South Carolina Military Scholarship and Family Care Association, Inc.

A Charitable Corporation pursuant to Section 501(C) 3 of the Internal Revenue Code  
*Taking Care of South Carolina Military Members and Families*

◆ 1831 Mountside Dr.    ◆ North Augusta, SC 29841    ◆ 864-221-8788

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- ◆ The South Carolina Military Scholarship and Family Care Association, Inc. (SCMSFCA), an outgrowth of the South Carolina Army National Guard 263d Army and Air Missile Defense Command Family Readiness Group (FRG), was created to enhance quality of life for military members and Families whose sacrifices are many.
- ◆ The SCMSFCA provides scholarships to Army and Air Guard members for the pursuit of higher education and enhanced Soldier readiness; and provides emergency relief to resident military members and their Families in the event of unusual or unpreventable hardship. Donors may restrict gifts to scholarships or emergency relief.
- ◆ The SCMSFCA is tax exempt, organized under IRS 501(c) 3. All donations are tax deductible.
- ◆ The SCMSFCA supports military personnel and their Family members throughout South Carolina and has done so since its inception in 2003.
- ◆ There are no overhead costs. 100% of donations go to military and Family members as our charter specifies. The SCMSFCA is 100% volunteer. There are no administrative deductions.
- ◆ The SCMSFCA is administered by a Board of Directors, dedicated community members in accordance with bylaws that provide a check and balance on the administration of funds. A Certified Public Accountant monitors all expenditures and financial records. Documentation includes a Request Form with military or Family member signature and military commander's concurrence.
- ◆ Inquires and tax-free donations may be directed to point of contact: Mrs. Michele Canchola, 864-221-8788 ([mrs.canchola@us.army.mil](mailto:mrs.canchola@us.army.mil)).

# South Carolina Military Scholarship and Family Care Association, Inc.

## Emergency Funding Assistance Request Form

Soldier (include Rank) or Family Member Name

Soldier's Unit

Home Address: Street

City

Zip

Telephone #

Cell or other phone #

Alternative Contact Person and Telephone # if available

Relationship to Soldier

Has individual received assistance from this fund before?  Yes  No If yes, when? \_\_\_\_\_

List: 1) past due dollar amount(s), 2) payable to who [bill collector(s)], and 3) account number(s): \_\_\_\_\_

Why is Soldier/Family in need (what brought them 'here')? \_\_\_\_\_

Is Soldier employed?  If yes, monthly salary? \_\_\_\_\_ Is Soldier Married?  If married, is spouse employed?  If yes, monthly salary? \_\_\_\_\_ How many *dependent* children in the home? \_\_\_\_\_

Do circumstances impede Soldier's military duty? Yes  No

What documentation is accompanying request [e.g., copy of bill(s)]? \_\_\_\_\_

Who is helping Soldier complete this form: \_\_\_\_\_

Rank/Name

Relationship to Soldier Phone Number

**Request must be concurred by the unit Commander. For consideration of requested funds, please secure signatures and provide 1) this completed form, 2) documentation, AND 3) unit Commander's email address to the SCMSFCA via confidential means: Contact 864-221-8788 or [mrs.canchola@us.army.mil](mailto:mrs.canchola@us.army.mil).**

**I understand this form is being submitted on my behalf and I request this assistance:**

Soldier's Signature (or Family Member's Signature if Soldier is mobilized/deployed)

Date

**I understand this form is being submitted on my Soldier's behalf and attest all information above is accurate:**

Commander's (or other Representative's) Signature & Phone Number

Date

**Please mail completed/signed form and documents to: Mrs. Canchola, 1831 Mountside Dr., North Augusta, SC 29841**