



GRANT APPLICATION

Army National Guard, Army Reserve, Navy Reserve, Marine Reserve, Coast Guard Reserve

ALL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS

****Our Military Kids requires ALL information and documentation to process application****

Please read and initial each of the following eligibility requirements:

_____ Deployment period must be at least 180 days OCONUS (OVERSEAS), there are at least 60 days remaining on orders AND child will start activity before service member returns home.

_____ Child is at least three (3) years of age AND not yet graduated from high school.

_____ Grant will cover **up to six months of future instruction, lessons or tutoring for ONE activity/program** to a maximum grant award of \$500.00 per child. Grants are not available for activities that have already taken place. Our Military Kids will issue only one check to one provider for the child's activity. **Choose wisely** - once a check has been issued to the provider, the activity may not be changed.

GRANT AWARDS CANNOT BE PROCESSED WITHOUT THESE ITEMS. I have attached a copy of:

- _____ 1) Title 10, mobilization/deployment orders (child is eligible as of "Report Date" on orders);
- _____ 2) Copy of birth certificate if the deployed service member is the biological parent of the child, **OR** DD Form 1172, **OR** copy of DEERS/MilConnect Service Member profile page with child listed as dependent.
- _____ 3) Program brochure, registration form, or letter from the service provider with fee information, address, and telephone number.

Child's Name: _____ Grade: ___ M ___ F ___ Birthdate: _____

Parent/Guardian: _____ 1st phone number: _____

Cell/Work phone: _____ Email Address: _____

Country of Deployment: _____ FRG Leader/Family Assist. Rep. phone (if known): _____

Family's Postal Address : _____
Number and Street City State Zip

PLEASE VERIFY WHERE THE CHECK SHOULD BE SENT. MANY TIMES IT IS A DIFFERENT ADDRESS FROM WHERE THE CHILD PARTICIPATES IN THE ACTIVITY.

Grant Request Amount: _____ Activity (i.e., soccer, dance): _____
(Attach documentation to validate amount not to exceed \$500; Our Military Kids does not cover private school tuition, including preschool, or day care expenses.)

Organization Name: _____

Make check payable to (if different from organization): _____

Mailing Address: _____
Street City State Zip

Organization Contact Information: _____
Name Telephone Number

CONSENT TO EXCHANGE INFORMATION

I understand that additional information may be required to adequately verify eligibility for a grant. By signing this form, I am allowing a representative of **Our Military Kids, Inc.** to communicate with the contact of the organization and/or the contact provided on the military orders. I certify all the information I have supplied is true and correct. I permit Our Military Kids, Inc. staff to verify the information on this application. I declare that receipt of a grant will aid in easing a financial burden which would otherwise exist if expenses related to my child's activity were paid out of family funds.

_____, am signing this form for _____
Full printed name of parent/guardian Printed name of child

Parent/Guardian Signature

Mail to:
Our Military Kids, Inc.
6861 Elm Street, Suite 2-A
McLean, VA 22101

Fax to:
703-734-6503

Email to: omkinquiry@ourmilitarykids.org

Questions:
Call: 703-734-6654
Toll Free: 1-866-691-6654