



**Our MILITARY Kids, Inc.**

Army National Guard, Army Reserve, Navy Reserve, Marine Reserve, Coast Guard Reserve—Grant Application

**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 must be for 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 age 3 years through 12th grade.
- \_\_\_\_\_ Grant will cover **up to six months of future instruction, lessons or tutoring for ONE activity/program** with 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.**
  - \_\_\_ This is my child's first grant award.
  - \_\_\_ This is my child's second grant award. It has been 6 months since last grant award. (Parent is deployed for at least 365 days AND there are 60 days remaining on the orders.)

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) Child's military dependent ID card **OR** copy of birth certificate if the deployed service member is the biological parent of the child, **OR** Form 1172, Application for Uniformed Services Identification (DEERS Form). Contact your Family Assistance Representative or FRG leader for assistance in obtaining the DEERS form.
- \_\_\_\_\_ 3) Program brochure, registration information or letter from the service provider with mailing address, telephone number and FEE for the activity

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 Address: \_\_\_\_\_  
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 REQUESTING PERSON PRINTED NAME OF CHILD REQUESTING GRANT

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

**Fax to:**  
703-734-6503

**Questions:**  
Call: 703-734-6654  
Toll Free: 1-866-691-6654  
Email: omkinquiry@ourmilitarykids.org