



GRANT APPLICATION

Air National Guard and Air Force 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:

_____ Airman is deployed on an OCONUS (OVERSEAS) mission for at least 120 days AND there are at least 30 days remaining on the CED orders AND child will start activity before Airman returns from deployment.

_____ Child is at least five (5) 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 past due balances on activities already completed. 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