Our MILITARY Kids, Inc.

GRANT APPLICATION FOR CHILDREN OF SEVERELY INJURED SERVICE MEMBERS/VETERANS

Service member/veteran must be classified as severely injured in one of the six categories designated by the Department of the VA.: burns, amputation, mental health, spinal cord injury, traumatic brain injury, or PTSD

All GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS

Please complete the following information, one application per child:

Child's Name: _____Grade: ____ M__ F____ Birthdate: _____

Parent/Guardian: _____1st phone number: _____

Cell/Work phone: _____ Email Address:_____

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 permitting a representative of Our Military Kids, Inc. to contact the case manager and/or the organization provided on this form. I also certify that all the information I have supplied is true and correct.

Military branch of severely injured service member/veteran: _____ National Guard, Reserve, or Active Duty:_____

What mission was the service member/veteran wounded in? _____ Employment Status of service member/veteran? _____

What is the highest educational degree obtained by service member/veteran?_____

I declare that receipt of a grant will aid in easing a financial burden that exists because of the service member/veteran's injury.

_____, am signing this form for _____

Full printed name of parent/guardian Printed name of child

_____

SIGNATURE

I have attached a copy of ALL of the following documentation:

For veterans:

___ a letter from a VA case manager certifying the veteran meets all the criteria for our program and is still receiving treatment
___ VA paperwork showing the breakdown of awarded percentages
___ DD214
___ copy of the child's birth certificate (if the veteran is the biological parent of the child) or DEERS 1172
___ documentation showing the cost of the activity (brochure, flyer, invoice, or typed letter on service providers letterhead)

For active duty service members:

___ a letter from a case manager certifying the service member meets all the criteria for our program and is still receiving treatment
___ the most recent copy of the service member's military orders moving them into a WTU or medical hold
___ copy of the child's birth certificate (if the service member is the biological parent of the child) or DEERS 1172
___ documentation showing the cost of the activity (brochure, flyer, invoice, or typed letter on service providers letterhead)

Mail to:
Our Military Kids, Inc.
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McLean, VA 22101

Fax to:
703-734-6503

Email to: omkinquiry@ourmilitarykids.org

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