

Our **MILITARY** Kids, Inc.

Air Force Reserve and Air National Guard Grant Application ALL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS

You are eligible to apply if you can check YES to ALL the following:

- _____ YES *Is child in Grade Kindergarten – 12th?*
- _____ YES *Is parent on an 120 day mission OVERSEAS; OR on one of two missions OVERSEAS totaling 180 days in a one year period?*
- _____ YES *Are there 30 days remaining on the mission orders AND the child will start the activity before the airman returns home?*
- _____ YES *I understand grant will cover up to 6 months participation in ONLY one activity, \$500 maximum award.*
- _____ YES *This will be the child's first grant from Our Military Kids.*
- _____ YES *I will attach the mission orders and program brochure, including cost of activity, to this application.*

Child's Name: _____ Age: _____ Male__Female__ Birthdate: _____
(If the child's last name is different from the deployed service member, please send documentation that child is a dependent.)

Parent/Guardian: _____ 1st phone number: _____

Cell/Work phone: _____ Email Address: _____

Unit#: _____ Country of Deployment: _____ Length of Deployment: _____

Family's Address: _____
Street City State Zip

School Child Attends: _____ Grade: _____

Sports, fine arts, tutor program (Specify e.g. dance, baseball, violin) _____

Grant Request Amount: _____ (Not to exceed \$500; Attach documentation to validate amount)

Check to be sent to: Organization Name: _____

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 3-F
McLean, VA 22101

11/06

Questions:

Call: 703-734-6654
Toll Free: 1-866-691-6654
Fax (during business hours): 703-734-6503
Email: www.omkinquiry@ourmilitarykids.org