

# **DEPLOYED PROGRAM GRANT APPLICATION**

Army National Guard, Army Reserve, Navy Reserve, Marine Reserve, Air Force Reserve, Air National Guard and Coast Guard Reserve

#### ALL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS

Our Military Kids requires ALL information and documentation to process the application.

#### **Are You Eligible?**

Please read and initial:

\_\_\_\_\_ Deployment period must be at least 120 days OCONUS (OVERSEAS) AND child will start activity before service member returns home.

\_\_\_\_\_ Child is at least three (3) years of age through 18 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 \$300.00 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.

# Activity Grant Requests Require the Following Items:

#### Please read and initial:

\_\_\_\_\_ I) Title 10, mobilization/deployment orders (CED orders for AFR/ANG);

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.

\_\_\_\_\_\_4) **For online activity fees:** We can reimburse your payment up to \$300, but we will require a paid invoice in addition to documentation of program fees.

# **About Your Military Child:**

Child's Name:			Grade:	M	F
Birthdate:	Parent/Guardian:		Phone Number:		
Cell/Work Phone:		Email:			
Country of Deployment:	FRG Leader/Family Assist. Rep. Phone (if known):				
Family's Postal Address:					
	Street Name	City	State	Z	Lip Code
The grant check will be	e mailed to your home address,	and made payable to t	he service provider (	organiz	ation.

# **About Your Activity Grant:**

Grant Request Amount: Act	vity (i.e., soccer, dance):
(Up to \$300 per eligible child)	
Organization Name:	City:
*Make check payable to (legal business name of o	rganization):
Business Mailing Address:	
Business Contact Name:	Phone:

\*Reimbursement to your family for a pre-paid online activity will be paid to the credit card holder stated on the invoice.



### **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.

\_\_\_\_ is signing this form for \_\_\_\_\_\_

Full printed name of parent/guardian

Printed name of child

Parent/Guardian Signature

# Please mail, fax or email your completed application and documentation to:

Our Military Kids 6861 Elm Street, Suite 2A McLean, VA 22101

**Fax:** 703-734-6503 | **Email:** OMKInquiry@ourmilitarykids.org

#### **Questions?**

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

To submit your application online, please visit: www.ourmilitarykids.org/apply