

# Our **MILITARY** Kids, Inc.

Army National Guard and Army Reserve, Navy Reserve, Marine Reserve & Coast Guard Reserve  
ALL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS

**\*\*Our Military Kids needs ALL information and documentation to process application\*\***

**Please read and initial each of the following eligibility requirements:**

\_\_\_\_\_ Service member is deployed OVERSEAS for at least 180 days AND there are at least 60 days remaining on orders AND child will start activity before service member returns home.

\_\_\_\_\_ Child is currently enrolled in Kindergarten – 12<sup>th</sup> grade. (NO PRE-K EXCEPTIONS)

\_\_\_\_\_ I understand my child is eligible for only one grant for one activity. Grant will cover up to six months instruction, lessons or tutoring with maximum grant award of \$500.00 per child.

\_\_\_\_\_ I have attached a copy of **ALL** of the following:

- 1) Mobilization/deployment orders
- 2) Child's military dependent ID card or Form 1172, Application for Uniformed Services Identification (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: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthdate: \_\_\_\_\_

Name of Parent/Guardian at Home: \_\_\_\_\_ 1<sup>st</sup> Phone Number: \_\_\_\_\_

Cell/Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Country of Deployment: \_\_\_\_\_ Unit Rear Detachment Phone Number: \_\_\_\_\_

Family's Address: \_\_\_\_\_

Street City State Zip  
School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

**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)

Check to be Sent to (Organization Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip  
Organization Contact Information: \_\_\_\_\_

## 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**

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

**Questions? Call:**  
**703-734-6654**  
**Toll Free: 1-866-691-6654**  
**Email: [omkinquiry@ourmilitarykids.org](mailto:omkinquiry@ourmilitarykids.org)**