

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 GrantRequests 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:** Grade: M_ F____ Phone Number: ____ Child's Name:____ Birthdate: Parent/Guardian: Cell/Work Phone:_____ Email:____ Country of Deployment: FRG Leader/Family Assist. Rep. Phone (if known): Family's Postal Address: City Street Name State Zip Code The grant check will be mailed to your home address, and made payable to the service provider organization. **About Your Activity Grant:** Grant Request Amount: _____ Activity (i.e., soccer, dance): ____ (Up to \$300 per eligible child) Organization Name: ____ _____ City: _____ *Make check payable to (legal business name of organization):

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

Business Contact Name: _____ Phone:

Business Mailing Address:



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 2911 Hunter Mill Road, Suite 203 Oakton, VA 22124

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