



DEPLOYED OR STATESIDE ACTIVATED* PROGRAM GRANT APPLICATION

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

Does not include AGR assignments or training.

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:

_____ **For missions of 90-179 days** (cumulative within 12 months), each child is eligible for **ONE (1)** grant up to \$300 for one activity to start before the service member returns home.

_____ **For missions of 180+ days** (cumulative within 12 months) each child is eligible for **TWO (2)** grants up to \$300 each for the same or different activities, each to start before the service member returns home. Each grant requires its own application.

_____ Child is at least three (3) years of age through 18 AND has not yet graduated from high school.

_____ Grants are not available for past due balances on activities already completed. Our Military Kids will issue only one check made out to one provider for the child's activity. The check will be included in your child's grant award packet.

Activity Grant Requests Require the Following Items:

Please read and initial:

_____ 1) 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.

About Your Military Child:

Child's Name: _____ Grade: _____ M _____ F _____

Birthdate: _____ Parent/Guardian: _____ Phone: _____

Work/Other Phone: _____ Email: _____

Location of Parent's Activation: _____ FRG Leader or Family Rep. Phone (if known): _____

Family's Home Address*: _____

Street

City

State

Zip

***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: _____

*Make Check Payable To (legal business name of organization): _____

Business Mailing Address: _____

Street

City

State

Zip

Business Contact Name: _____ Phone: _____



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