



Our MILITARY Kids, Inc.

Air Force Reserve and Air National Guard—Grant Application

ALL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS

****Our Military Kids requires ALL information and documentation to process application****

Please read and initial each of the following eligibility requirements:

_____ Airman is deployed on an OCONUS (OVERSEAS) mission for at least 120 days OR is on one of two missions OVERSEAS totaling 180 days in a one year period AND there are at least 30 days remaining on orders AND child will start activity before Airman returns home.

_____ Child is age 3 years through 12th grade.

_____ Grant will cover **up to six months of future instruction, lessons or tutoring for ONE activity/program** with a maximum grant award of \$500.00 per child. Grants are not available for activities that have already taken place. Our Military Kids will issue only one check to one provider for the child's activity. **Choose wisely, once a check has been issued to the provider, the activity may not be changed.**

___ This is my child's first grant award.

___ This is my child's second grant award. It has been 6 months since last grant award. (Parent is deployed for at least 365 days AND there are 60 days remaining on the orders.)

GRANT AWARDS CANNOT BE PROCESSED WITHOUT THESE ITEMS. I have attached a copy of:

_____ 1) Special mission travel (CED) orders.

_____ 2) Child's military dependent ID card **OR** copy of birth certificate if the deployed service member is the biological parent of the child, **OR** Form 1172, Application for Uniformed Services Identification (DEERS Form). Contact your Family Assistance Representative or FRG leader for assistance in obtaining the 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: _____ Grade: _____ M ___ F ___ Birthdate: _____

Parent/Guardian: _____ 1st phone number: _____

Cell/Work phone: _____ Email Address: _____

Country of Deployment: _____ FRG Leader/Family Assist. Rep. phone (if known): _____

Family's Address: _____
Street City State Zip

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; Our Military Kids does not cover private school tuition, including preschool, or day care expenses.)

Organization Name: _____

Make check payable to (if different from Organization): _____

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 2-A
McLean, VA 22101

Fax to:
703-734-6503

Questions:
Call: 703-734-6654
Toll Free: 1-866-691-6654
Email: omkinquiry@ourmilitarykids.org