



COMBAT-INJURED PROGRAM GRANT APPLICATION

Children of Combat-Injured Service Members/Veterans

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:

_____ The service member/Veteran has sustained wounds, illness, or injuries in a combat zone while deployed in support of any post-9/11 overseas contingency operation **AND** has one individual disability rating of **30% or higher (not combined)** in one of the following categories: Burns, Amputation, Mental Health, Spinal Cord Injury, Traumatic Brain Injury, PTSD, or one of the presumptive conditions outlined in the PACT Act.

_____ The child or teen is age 1-18 OR not yet a high school graduate.

_____ The 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 each child's activity.

_____ You are eligible to apply for a \$300 activity grant **every six months for a maximum of FIVE (5) grants** per eligible child, which includes **one FLEX grant** that may be used at any point during the military parent's recovery. Each grant may be used for the same or different activities.

Activity Grant Requests Require the Following Items:

Please read and initial:

_____ Copy of birth certificate if the service member or Veteran 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.

_____ Program brochure, registration form, or letter from the service provider with fee information, address, and telephone number.

For Veterans:

_____ A letter from a VA case manager certifying the Veteran meets all the criteria for our program and is still receiving treatment.

_____ VA paperwork showing the breakdown of individual disability ratings (not combined).

_____ A copy of the Form DD214.

For active duty, Guard, and Reserve personnel:

_____ A letter from a case manager certifying the service member meets all program criteria and is still receiving treatment.

_____ The most recent copy of the service member's military orders moving them into a SRU (Soldier Recovery Unit) or medical hold.

About Your Military Child:

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

Birthdate: _____ Parent/Guardian: _____ Phone Number: _____

Cell/Work Phone: _____ Email: _____

Family's Postal Address _____

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: _____



We have a couple of questions for you regarding race and ethnicity. These questions are **OPTIONAL, and your answers will in no way impact your grant application. However your answers will help Our Military Kids be more inclusive in the future.**

How would you describe your CHILD's race? Select all that apply.

- ☐ Asian ☐ Black or African American ☐ Native American or Alaska Native
☐ Native Hawaiian or Other Pacific Islander ☐ White or Caucasian ☐ Prefer Not to Answer

Is your CHILD Hispanic or Latino/a/x? (Circle one) Yes No Prefer Not to Answer

Does your CHILD have a disability? (Circle one) Yes No Prefer Not to Answer

If yes, please list: _____

About the Service Member/Veteran:

Service member/Veteran's military branch: _____

National Guard, Reserve, or Active Duty: _____

In which mission was the service member/Veteran wounded? _____

Employment status of service member/Veteran? _____

Are you Wounded Warrior Project alumni? (circle one) **YES** or **NO**

Race/Ethnicity of service member/veteran: _____

What is the highest educational degree obtained by service member/Veteran? _____

How did you hear about Our Military Kids? _____

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 permitting a representative of Our Military Kids, Inc. to contact the case manager and/or the organization provided on this form. I also certify that all the information I have supplied is true and correct.

_____ 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