

## **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 active or inactive training.\*

## **ALL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS**

Our Military Kids requires ALL information and documentation to process the application.



## **Are You Eligible?**

For missions of 90-179 days	Please read and initial: (cumulative within 12 months), each child is eligi	ble for <b>ONE (1)</b> grai	nt up to \$300 for one
activity.	(cumulative within 12 months), each child is engi	ole for ONE (1) gran	it up to \$500 for one
•		for <b>TWO (2)</b> grants	up to \$300 each for
_	ast due balances on activities already completed. C child's activity. The check will be included in you	-	
Activity	/ Grant Requests Require the Followin	g Items:	
	Please read and initial:		
	ilization/deployment orders (CED orders for AFR		
	he deployed service member is the biological pare		DD Form 1172,
	e Member profile page with child listed as depende	•	11
telephone number.	tion form, or letter from the service provider with	riee information, a	auress, and
	About Your Military Child:		
Child's Name:		Grade:	M F
Phone:	Parent/Guardian:		
Work/Other Phone:	Email:		
	FRG Leader or Family Rep. Ph		
Family's Home Address*:	t	State	Zip
	to your home address, and made payable to t		•
	<b>About Your Activity Grant:</b>		
Grant Request Amount:(Up to \$300 per eligible child)	Activity (i.e., soccer, dance):		
Organization Name:			
*Make Check Payable To (legal busines	ss 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 describ	oe your CHILD's race? Select all	l that apply.				
<ul><li>☐ Asian</li><li>☐ Black or African American</li><li>☐ Native Hawaiian or Other Pacific Islander</li></ul>		_		ican or Alask Icasian	a Native ☐ Prefer Not to	) Answer
Is your CHILD Hispani	c 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:						
How did you hear abou	ut Our Military Kids?					
am allowing a represent contact provided on the	consent to ex enal information may be required ative of Our Military Kids, Inc. to o military orders. I certify all the inf he information on this application	to adequately communicate formation I h n.	verify e with th ave supp	eligibility for a e contact of th blied is true an	e organization and d correct. I permit	or the
Full printed name of p		his form for _		Printed	name of child	
	2					
Parent/0	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