

MILITARY FRIENDS FOUNDATION NEEDS-BASED GRANT PROGRAM APPLICATION (8/2010)

APPLICANT INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

DOB (mm/dd/yyyy):
____/____/____

Street Address: _____ City: _____ State: _____ Zip-code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Civilian Email: _____ @ _____

MILITARY INFORMATION:

MA National Guard or Reserve or NG other (what state): _____

Branch of Service:

Name of National Guard or Reserve Unit (Where you would normally drill when not on active duty)

Address of National Guard or Reserve Unit (Where you would normally drill when not on active duty)

Rank: _____ Pay Grade: _____ Years of Service: _____

Currently activated under Title 10 or 32 for 45 days or more and in good standing: Yes or No

Activated under Title 10 or 32 within the past year for 45 days or more and honorably discharged: Yes or No

Name of Unit while serving under Title 10 or 32:

Location of duty station while serving under Title 10 or 32 (please be as specific as possible):

Date of most recent deployment under Title 10 or 32(as listed on DD214) (mm/dd/yy): ____/____/____

Date of most recent Discharge under Title 10 or 32 (as listed on DD214) (if applicable): ____/____/____

Did someone refer you to the Military Friends Foundation programs (optional): _____

APPLICANT INFORMATION (if different then service member):

First Name: _____ Middle Initial: _____ Last Name: _____

DOB (mm/dd/yyyy):
____/____/____

Street Address: _____ City: _____ State: _____ Zip-code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Civilian Email: _____ @ _____

Relationship to Service member: _____ Have you attached the power of attorney?: Yes or No

HOUSEHOLD INFORMATION:

Please list all members of household excluding service member (attach additional pages if needed):

Name (first, last)	Gender	Age	Occupation	Relationship to service member

Have you requested assistance from the Military Friends Foundation or the Friends of the National Guard and Reserve Families Foundation prior to this application? Yes or No

If you answer yes to the above question, please answer the following:

Was grant approved? Yes or No
Date grant approved (mm/yyyy): ____/____
Amount of grant: \$_____._____
What was grant for? (e.g. mortgage, car insurance): _____

Do you own your own home? Yes or No If yes, when did you purchase home? (mm/yyyy): ____/____

SERVICE MEMBER FINANCIAL INFORMATION:

1. Monthly civilian salary (attach copy of civilian pay stubs and IDT LES): \$ _____.
2. Monthly military salary including base pay & BAH (attach LES which shows monthly salary): \$ _____.
3. Are you receiving any salary/earnings from your civilian employer while activated or through your city or town for any pay differential? Yes or No If yes, please list monthly amount: \$ _____.

Is the total amount of line 2 and line 3 added together at least 15% less than the amount on line 1? Yes or No

BILLS:

Please explain in your own words why you are applying for a grant?:

List bill(s)/estimate(s) you are submitting for a grant request(s) and attach copy(ies) of all bill(s)/estimate(s) to application (attach additional pages if needed):

Vendor/Company:	Total amount of bill:	Requested amount of grant:	Notes (optional):

Total amount requested: \$_____.

*All estimates must include the name of the service member or applicant and be on the company's official letterhead. For vehicle repairs, we reserve the right to request three written estimates.

PLEASE PRINT OUT APPLICATION AND SIGN BELOW. Please make sure to attach all required documentation, including a privacy act release form, copy of government issued identification(s), and power of attorney (if applicable). INCOMPLETE APPLICATIONS CAN NOT BE PROCESSED AND WILL BE RETURNED WITHOUT ACTION.

I certify the information I provided is true and correct. I understand filing false statements is grounds for denial of grant funding and may constitute fraudulent activity. I hereby understand my submission does not guarantee grant approval and that the award of a grant is subject to Board approval and funding available. I authorize verification/release of the information I am providing on this application. I understand that failure to provide the requested information will prohibit the processing of this grant application.

Name (Print): _____

Signature: _____

Date (mm/dd/yyyy): ____ / ____ / ____