



Our MILITARY Kids, Inc.

**GRANT APPLICATION FOR CHILDREN OF SEVERELY INJURED SERVICE MEMBERS**

**Service member must be classified as severely injured in one of the six categories designated by the VA Dept.: burns, amputation, mental health, spinal cord injury, traumatic brain injury, or PTSD**

*Please complete the following information, one application per child:*

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ 1st phone number: \_\_\_\_\_

Work/Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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, tutoring): \_\_\_\_\_  
Not to exceed \$500; attach documentation to validate amount. Our Military Kids provides grants for one activity per child.  
We also do not cover past due fees, only fees for future activities.

Organization Name: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

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 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.

Military branch of severely injured service member: \_\_\_\_\_ National Guard, Reserve, or Active Duty: \_\_\_\_\_

Severely injured service member was deployed in support of: OEF or OIF (Circle one)

**I declare that receipt of a grant will aid in easing a financial burden that exists because of the service member's injury.**

\_\_\_\_\_, am signing this form for \_\_\_\_\_  
FULL PRINTED NAME OF PERSON REQUESTING GRANT PRINTED NAME OF CHILD

\_\_\_\_\_  
SIGNATURE

- I have attached a copy of ALL of the following documentation:*
- \_\_\_ a brochure or flyer from the organization providing the activity
  - \_\_\_ a copy of the child's military dependent ID, OR Form 1172, OR birth certificate
  - \_\_\_ a letter from a case manager certifying the service member's status as severely injured
  - \_\_\_ the most recent copy of the service member's military orders

**Completed and signed applications to be sent 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](mailto:omkinquiry@ourmilitarykids.org)