



Children of Wounded Warriors

All Active, Reserve & Retired Military, Law Enforcement & Fire Fighter Members children – Grant Application

ALL GRANTS ARE SUBJECT TO AVAILABILITY OF FUNDS

*** Children of Wounded Warriors require ALL information and documentation to process application ***

Please read and initial each of the following eligibility requirements:

_____ Copy of Military members DD214 or Military ID showing proof of Active, Reserve or Retired status (Military Only).

_____ Copy of Law Enforcement or Fire Rescue ID

_____ 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. Children of Wounded Warriors will issue only one check to one provider for the child's activity. **Please 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.

GRANT AWARDS CANNOT BE PROCESSED WITHOUT THESE ITEMS. PLEASE ATTACH A COPY OF THE FOLLOWING:

___ 1) DD214 or proof of my military status i.e. Military Active Duty ID, Reserve ID OR Retired ID.

___ 2) Copy of Law Enforcement or Fire Rescue ID.

___ 3) Child's military dependent ID card or Form 1172.

___ 4) 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: _____

Family's address: _____

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 etc.): _____ Start Date _____

(Attach documentation to validate amount not to exceed \$500. Children of Wounded Warriors do 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 Children of Wounded Warriors, to communicate with the contact of the organization and/or the contact provided on the application. I certify all the information I have supplied is true and correct. I permit Children of Wounded Warriors, 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

PRINT NAME OF CHILD REQUESTING GRANT

SIGNATURE

DATE

Mail to:

Children of Wounded Warriors
3362 Turtle cove
West Palm Beach, FL 33411