



APPLICATION FOR SENCLAND MOAA OUTREACH RELIEF GRANT

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

I am a/n:

- Active duty, National Guard or Reserve servicemember
- Veteran (U.S., honorable discharge)
- Spouse of an active duty, National Guard or Reserve servicemember
- Caregiver of an honorably discharged veteran
- Other. Please explain _____

Branch of service _____

Rank (last rank held, or rank of your service member) _____

Years served: _____

Please check yes or no for the following questions:

Are you a MOAA member? Y N (for record keeping only)

Are you a MOAA Chapter member? Y N (for record keeping only) If yes, please list chapter: _____

Financial Need:

Annual household income (all sources): _____

Number of dependents: _____

Employment status: _____

Do you have Medical and/or Dental Insurance? Y N

I affirm I am currently serving (includes all uniformed services, Guard and Reserve), the spouse of someone who is currently serving, an honorably discharged US veteran or the person I care for is an honorably discharged US veteran. I am currently having a recent economic hardship and I request assistance with the following debt or obligation (enclose a copy of the bill, statement, etc.):

Please list any additional comments/other background details you would like the committee to consider for this grant application. Please attach additional pages if necessary.

SUPPLEMENTAL QUESTIONS AND INFORMATION

How did you hear about us? _____

I understand only one grant may be awarded per household and confirm no one else in my household has received or applied for relief from the MOAA Foundation Outreach Fund.

_____ (please initial)

I agree to confirm receipt of payment if asked by MOAA. _____ (please initial)

I am prepared to provide additional information to verify my connection to service and financial status if requested. _____ (please initial)

Do you agree to be contacted for a testimonial or possible interviews with MOAA communications staff? Y N (Your answer will not impact the approval of your application.)

Do you consent to disclosing grant award status to the chapter or chapter member that sponsored your application? Y N (Your answer will not impact the approval of your application.)

I certify that the information I have provided in applying for this grant is true and correct to the best of my knowledge and belief. I agree to provide any documentation requested by MOAA to support the information contained herein.

Signature: _____ Date: _____

Printed Name: _____