

# NATIONAL GUARD ASSOCIATION OF MICHIGAN

## VETERANS SUPPORT GRANT

### GRANT APPLICATION FORM AND CHECKLIST

FULL NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_ YEARS SERVED \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

(IF APPLICABLE)

FOR THIS GRANT REQUEST, PLEASE EXPLAIN EACH SPECIFIC NEED AND AMOUNT.

(EACH REQUEST MUST HAVE ATTACHED BILL OR QUOTE, WITH FULL PAYMENT INSTRUCTIONS)

NEED	AMOUNT
ex. CAR REPAIR	\$900

NEED	AMOUNT

#### APPLICATION CHECKLIST

- |  |  |
|--|--|
| 1. APPLICATION FORM <input type="checkbox"/>   | 6. PROOF OF INCOME (3 MONTHS) <input type="checkbox"/>   |
| 2. DETAILED NARRATIVE <input type="checkbox"/>   | 7. PROOF OF EXPENSES (2 MONTHS) <input type="checkbox"/>   |
| 3. PROOF OF SERVICE <input type="checkbox"/><br><small>(DD214, NGB 22, CURRENT LES, ETC)</small>         | 8. BILLS/QUOTES TO MATCH REQUEST <input type="checkbox"/><br><small>(MUST HAVE MULTIPLE QUOTES, EXCEPT FOR DENTAL)</small> |
| 4. PROOF OF RESIDENCY <input type="checkbox"/><br><small>(MI DL, VOTERS REG CARD, STATE ID, ETC)</small> | 9. ADDT. SUPPORTING DOCS <input type="checkbox"/>  |
| 5. INCOME AND EXPENSE STATEMENT <input type="checkbox"/>   | 10. SIGNATURE AND DATE <input type="checkbox"/>  |

PRINTED NAME

SIGNATURE

DATE

I HEREBY SIGN THAT ALL INFORMATION IN THIS APPLICATION ARE TRUE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL REQUIRED DOCUMENTS MUST BE SUBMITTED IN ORDER FOR MY APPLICATION TO BE CONSIDERED COMPLETE AND BE ACCEPTED. ACCURACY AND DOCUMENTATION ARE MY RESPONSIBILITY. MISSING INFORMATION CAN LEAD TO DELAYS AND A POSSIBLE DENIAL OF MY APPLICATION.

PROVIDE A DETAILED NARRATIVE ABOUT YOU AND YOUR FINANCIAL NEED. BE SPECIFIC!!!  
TELL US ABOUT YOU AND YOUR CURRENT SITUATION. EXPLAIN HOW THIS GRANT WILL MAKE A  
DIFFERENCE IN THE NEAR TERM FOR YOUR LONG TERM FINANCIAL WELL BEING.

(WRITE ON ADDITIONAL BLANK PAGES IF NEEDED)

COMPLETED APPLICATIONS, WITH ALL REQUIRED DOCUMENTS, CAN BE MAILED TO:  
NGAM VSG APPLICATION  
PO BOX 14095  
LANSING, MI 48901

FOR QUESTIONS, CONCERNS, OR ISSUES WITH YOUR APPLICATION, CONTACT US AT:  
VSG@NGAM.ORG OR 501-425-0834