

Combat Veterans Motorcycle Association Chapter 20-1

CVMA FL Chapter 20-1 * 1002 E. New Haven Ave, * Melbourne, FL 32901

Application for Grant Funding - Individual

Applicants Full Name: _____ Relationship to Beneficiary: _____

Beneficiaries' Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Who referred you?: _____ Contact Phone #: _____

Is the beneficiary a Veteran? _____ Period of Service: _____ Branch of Service: _____

Type of Discharge: _____ Number of Dependents: _____

Employment Status: Employed Full Time Employed Part-Time Unemployed – Looking Unemployed – Not Looking

Unemployed - Unable to Work (permanently) Unemployed - Unable to Work (temporarily) Last Work Date _____

Grant Type Requested: Personal Other: _____

Grant Amount Requested: \$50.00 \$100.00 \$250.00 \$500.00 \$1000.00 Other: \$_____

Is the beneficiary receiving any of the following? Unemployment Retirement Disability Welfare Other Entitlements

Insurance Benefits Other State Assistance: _____ Other Federal Assistance: _____

Please explain **in detail** how this grant, if approved, would **specifically** be used: (please use reverse side if additional space is required)

By signing below, I certify that the information provided is true & accurate to the best of my knowledge. Furthermore, I understand that no guarantee is implied that this Application for Grant Funding from the Florida Combat Veterans Motorcycle Association Chapter 20-1 will be approved.

Signed

Print Name

Date

*** A copy of the applicants' State issued drivers' license or Federal issued ID and the beneficiaries DD-214 MUST accompany this application:**

**** Information collected will be safeguarded and only be used for purposes related to this application.**

***** Additional documentation may be requested at our discretion.**