

GRANT APPLICATION

Eligibility Criteria:

- 1. Minnesota Resident prior to deployment or Non-MN Resident serving as a drilling member of a MN Guard or Reserve Unit. (Must have drilled with unit prior to deployment.)
- 2. Served in a designated Combat Zone and received Hostile Fire Pay after September 11, 2001.
- 3. All Branches of Service, Active Service or Honorably Discharged providing DD214.

ocial Security Number	Branch of Service	
ast Name	Rank – First Name	Middle Initial
Apiling Address (Chady Dishursement	Address)	
Aailing Address (Check Disbursement A		
ialling Address (Check Disbursement)	State	Zip
		Zip

MILITARY INFORMATION					
State of Legal Residence	Name of Home Unit				
Combat Location Served	Start	End	Time Served		
Check here if you were injured and (Please attach a copy of your certific		ite Date of Ir	njury		

I am requesting a non-taxable grant, and to the best of my knowledge, certify that the above information is true and accurate. I understand MMAF has the right to reduce the size of a grant or discontinue awarding grants whenever MMAF deems necessary. I understand that MMAF will award one grant per applicant, but if I am injured on a later tour I may re-apply, or in the event of my death, my beneficiary may re-apply for an additional grant. MMAF will not disclose any nonpublic personal or military information about its applicants to any third party, except to the extent MMAF deems necessary to validate the information provided on this application. My signature below indicates acceptance of the foregoing conditions.

Applicant Signature

Date

Please complete this application online and print. Attach the appropriate documents and mail to: Minnesotans' Military Appreciation Fund, P.O. Box 2070, Minneapolis, MN 55402.