

BRYAN McDONOUGH MILITARY HEROES FOUNDATION

GRANT APPLICATION

Eligibility Criteria:

- 1. Minnesota Taxpayer or a Non-Minnesota taxpayer assigned to a Minnesota Military Unit
- 2. All branches of service-enlisted and reserve military personnel
- 3. Served in a designated Combat Zone anywhere in the world
- 4. Served after September 11, 2001
- 5. Active service or honorably discharged providing your DD214

REASON FOR APPLYING FOR BENEFIT(S)

The reason for loss of income was due to Illness Injury Natural Disaster Activation or Mobilization

Death *In the event of a death, please fill out the Short Form provided below (p.3-4) and attach a copy of Report of Casualty. No need to fill out any other parts of this application form.

Nature of Incident _____

Date of Incident _____ Location of Incident _____

If you were injured and awarded a Purple Heart Certificate, please list the date of injury _____
And attach a copy of your Purple Heart Certificate and a copy of the Incident Report.

Have you made previous application? Yes No

If "yes," give date and place _____

*Please attach a summary statement of why you need this grant. The information you provide will help the Board determine the worthiness of your needs.

PERSONAL INFORMATION

Social Security Number Branch of Service Folio No.

Last Name Rank – First Name Initial Date of Birth

Permanent Mailing Address (Check Disbursement address)

City State Zip Code County

E-Mail Address () ()
Day Phone Number Evening Phone Number

MILITARY INFORMATION

Branch of Service State of Legal Residence Name of Home Unit and Phone #

Combat Location Served Start Date (mm/dd/year) – End Date (mm/dd/year) Time Period Served

MN Unit Commander Name Commander Phone/Email Address

All Applicants: Attach a copy of your Service Deployment Orders AND one (1) Leave & Earnings Statement dated post 9-11-01.

BRYAN McDONOUGH MILITARY HEROES FOUNDATION

SHORT FORM – GRANT APPLICATION

PERSONAL INFORMATION

Social Security Number

Branch of Service

Last Name of Deceased

Rank – First Name

Initial

Date of Birth

Beneficiary's Name and Permanent Mailing Address (Check Disbursement address)

City

State

Zip Code

County

(_____) _____

Day Phone Number

(_____) _____

Evening Phone Number

MILITARY INFORMATION

MN Unit Commander Name

Commander Phone/Email Address

DEPENDENTS

MINOR DEPENDENT 1:

First Name

Middle

Last Name

Social Security Number

Date of Birth

Relationship to Veteran

MINOR DEPENDENT 2:

First Name

Middle

Last Name

Social Security Number

Date of Birth

Relationship to Veteran

MINOR DEPENDENT 3:

First Name

Middle

Last Name

Social Security Number

Date of Birth

Relationship to Veteran

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 BMMHF has the right to reduce the size of a grant or discontinue awarding grants whenever BMMHF deems necessary. I understand that BMMHF 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. BMMHF will not disclose any nonpublic personal or military information about its applicants to any third party, except to the extent BMMHF deems necessary to validate the information provided on this application. My signature below indicates acceptance of the foregoing conditions.

Would you be willing to give a testimonial of our organization and photo? Yes No

Applicant Signature

Date

Please complete this application online and print. Attach the appropriate documents and mail to: Bryan McDonough Military Heroes Foundation, 251 Lafayette Frontage Road, St. Paul, MN 55107

Bryan McDonough Military Heroes Foundation