

**Union County Military Family Support Group**  
**Educational Assistance Fund**  
**Grant Application Form**

(Grant Year: 2021)

(Please Clearly Print or Type All Responses)

**PERSONAL INFORMATION:**

**Name of Applicant:**

\_\_\_\_\_  
Last First Middle Initial

**Address:**

\_\_\_\_\_  
Street & Number

\_\_\_\_\_  
City or Town State Zip Code

\_\_\_\_\_  
Telephone Number (H/W/C) Email Address

**Date of Birth:** \_\_\_\_\_ **Married: (Y/N)** \_\_\_\_\_

**Name of Spouse:** (If Applicable) \_\_\_\_\_

**Number and Ages of Children:** (If Applicable) \_\_\_\_\_

**Currently Employed:** (Y/N) \_\_\_\_\_ **Full Time/Part Time:** \_\_\_\_\_

**If Employed:**

**Name of Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Annual Salary:** \_\_\_\_\_

**GRANT ELIGIBILITY:**

**Current Military/Veteran Status: (check all that apply)**

☐ **Active Duty Member of the United States Armed Forces** (Attach copy of ID card)

☐ **Actively Serving Member in a Reserve/National Guard Unit** (Attach copy of ID card)

☐ **A Member of the Inactive Reserve** (Attach documentation)

☐ **A College-Level ROTC Cadet** (Provide documentation)

☐ **A Military Veteran (having served since September 11, 2001)** (Provide copy of DD Form 214)

☐ **A Family Member (Spouse or Child) of a Military Service Member or Military Veteran who has Served since September 11, 2001** (Provide supporting documents from service member/veteran—i.e. ID Card or DD Form 214)

**Branch of Service and Component:** \_\_\_\_\_

**Dates of Service:** (Specify active and reserve) \_\_\_\_\_

**Tours Overseas:** (Specify Combat  
Tours) \_\_\_\_\_

**List Wounds/Service-Related Injuries:** \_\_\_\_\_

**VA Claims/VA Compensation%:** \_\_\_\_\_

Provide any additional information that supports your eligibility for this grant program:

**Do you currently live in Union County? (Y/N)** \_\_\_\_\_

**If NO, explain your relationship to Union  
County:** \_\_\_\_\_

**Current Educational Status: (check all that apply)**

☐ I am still on Active Duty, and also taking college/tech courses.

☐ I am still on Active Duty, and will take college/tech courses once I am discharged.

☐ I am in the Reserves/National Guard/ROTC, and taking college/tech courses.

☐ I am a military veteran, who will take college/tech courses.

☐ I am a military spouse, who is taking college/tech courses.

☐ I am a military spouse, who will be taking college/tech courses.

☐ I am a High School Senior, who is currently taking college/tech courses.

☐ I am a High School Senior, currently not taking college/tech courses.

☐ I am currently enrolled in, and attending a college/technical school full-time.

☐ I am currently enrolled in, and attending college/technical school part-time.

☐ I am currently enrolled in, but not yet attending a college/technical school.

☐ I have been accepted by a college/technical school, but not yet enrolled.

☐ I am planning to apply to a college/technical school to pursue a specific course of study.

☐ I plan to further my education, but I have not yet decided on a college/technical school/program.

☐ Other (Please explain): \_\_\_\_\_  
\_\_\_\_\_

## **EDUCATION INFORMATION:**

Provide the name of the school (HS/College/Tech School) you are **currently attending** and the program you are currently pursuing:

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School

Program/Area of Study

Current Credit Hours: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

If you are not attending college/tech classes, have you been formally accepted by a college/tech school?

YES \_\_\_\_\_ NO \_\_\_\_\_ If you answered No, Please explain: \_\_\_\_\_

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Provide the name of the school you are planning to attend and the program you wish to pursue:

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School

Program

Accepted (Y/N)

You may provide additional information about your educational plan and/or objective (s):

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List all schools previously attended:

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School

Dates Attended

Degree/Certificate

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School

Dates Attended

Degree/Certificate

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School

Dates Attended

Degree/Certificate

**CURRENT FINANCIAL ASSISTANCE:** A primary goal of this grant program is to provide financial assistance, in the form of free, non-repayable grants, to those pursuing higher education and/or technical training. List all financial awards, scholarships, grants, or government programs which are providing, or will provide, you with financial assistance for the upcoming school year and the dollar amount of each:

**EXPLANATION OF FINANCIAL NEED:**

Fully explain why you need financial assistance, and how you would use a Grant from the Union County Military Family Support Group. Your response must be confined to the space below on this page. **Do not attach a substitute page.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## **DECLARATION OF APPLICANT**

I have read the cover letter and understand the application process for the Union County Military Family Support Group (UCMFSG) Educational Assistance Fund (EAF) Grant Program.

During the 2021-2022 academic year, I will attend an accredited College, University, or Technical School.

I believe that I meet the eligibility criteria for the EAF Grant Program. Furthermore, I certify that the information provided on this application form and in the supporting documents is, to the best of my knowledge, true, accurate, and complete.

I understand that my application will be reviewed by the EAF Grant Selection Board, and that I may be required to appear before this Board as a part of the selection process. I also understand the Board's recommendations are forwarded to the UCMFSG Executive Committee, and that the decisions of the UCMFSG Executive Committee regarding grant awards are final.

If I am selected to receive a financial grant, I agree that my name and photo may be used by the UCMFSG to announce the award publicly within local news media and on the UCMFSG website.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Required if the applicant is under 18 years of age)

NOTE: The completed Application Form, and all supporting documentation, must be submitted no later than the suspense date mentioned in the cover letter to this form. Mail the completed application and supporting documents to the following address:

**Union County Military Family Support Group  
ATTN: EAF Grant Selection Board  
Post Office Box 1001  
Marysville, Ohio 43040**