



**Northeast Indiana Base Community Council, Inc.  
Application for Military Support Fund Grant**

**A. PERSONAL INFORMATION:**

Last Name:  First:  MI:

Grade / Rank:  Traditional  Technician  AGR  ADOS

Home of Record:

Unit/Wing/Company of Assignment:

Are You Currently Mobilized: Yes \_\_\_\_\_ No \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Years in the U. S. Military: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Mobilizations/Deployments: NONE

Name & Cell number for you, your POA or other designee:

**FINANCIAL HARDSHIP INFORMATION:**

Provide a narrative statement in Section B below that provides background on the financial hardship, all steps taken to rectify the situation to date, and complete a current budget worksheet in Section C.

**ACCOUNT(S) INFORMATION:**

Provide current copy of bill(s) and/or invoice(s) directly related to the financial hardship. In most cases, approved grants will be paid directly to the appropriate vendor/creditors.

**GRANT AMOUNT REQUESTED:**      \$

Applicant Signature:  Date:

Requesting Authority Name:  Office Phone:

Cell Phone:  Email:

Requesting Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Requesting Authority Duty Title:

\* Note: Must be Military Support Fund Committee Member, NCO, CMD, or FAS

**The information supplied on this request may be shared with the Community Foundation of Greater Fort Wayne Inc. IAW the administrative agreement dated September 4, 2013.**

**B. FINANCIAL HARDSHIP NARRATIVE (To be completed by grant applicant or his/her designee or Power of Attorney).**

Note: If your narrative (background story) is written on a separate page, simply reference it here and attach the narrative with the bills/invoices submitted for this grant application.

**Note: For each bill/invoice you are requesting assistance with, please List the dollar amount, and the name, address, phone number, name on the account and account number, and attach a copy of the bill/invoice:**

1. \_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. GRANT APPLICATION BUDGET WORKSHEET:**

**MSF GRANT APPLICATION BUDGET WORKSHEET**

**Service Member Name:** \_\_\_\_\_

**Gross Monthly Income:**

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
<b>Total Gross Monthly Income:</b>	<b>\$</b>

**Monthly Expenses (Average):**

Mortgage	\$
City Utility	\$
NIPSCO	\$
Electric	\$
Car Payment	\$
Gas for vehicle	\$
Dental Insurance Family	\$
Car Insurance	\$
Phone Bill	\$
Health Insurance	\$
Food	\$
Internet & TV	\$
_____	\$
_____	\$
<b>Total Monthly Expenses:</b>	<b>\$</b>

**THANK YOU FOR YOUR SERVICE TO  
OUR COUNTRY AND COMMUNITIES!**

