



Military Personnel Grant Application

For Title 10 Military Service from January 1, 2003

Name: _____

Address: _____ Phone: _____

Branch of Military Service (Circle One): Army Navy Air Force Marine Corps
Coast Guard National Guard Army Reserve Navy Reserve Air Force Reserve
Marine Corps Reserve

Name of Military Conflict: _____

Dates of Service: Month/Day/Year ____/____/____ Thru Month/Day/Year ____/____/____

NOTE: This notarized application must be accompanied by: **1.)** Appropriate documentation that clearly defines the period of service; e.g., a copy of a "DD form 214" or equivalent, a copy of official orders specifying the actual dates of service, copies of travel pay vouchers with attached orders, or a copy of a letter from the respective unit commander or personnel office stating the active duty period. **2.)** A copy of one of the following documents showing a Palm Beach County address for the applicant: Driver's License, Voter Identification card or Vehicle Registration. **A grant application submitted by a specified agent must include a copy of the document authorizing the specified agent to file the grant application.**

SUBMIT APPLICATION TO:

Palm Beach County Veteran Services
810 Datura Street
West Palm Beach, FL 33401
Questions may be directed to (561) 355-4761

Applicant/Specified Agent Signature:

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this _____ day of _____ 2005, by _____ who is personally known to me or who has produced _____ as identification, and who did take an oath.

(print name) NOTARY PUBLIC

SEAL

My commission expires: _____



Title 10 Military Personnel Grant Calculation Form
This section is to be completed by the Veterans Services Office.

Name: _____ **Date:** _____

Total Number of Whole Months: _____
(\$50.00 Per Month)

Partial Month: _____
(1-14 days = \$25.00) (15-30 days = \$50.00)

Total Grant: _____

Approved by: _____
Craig L. Carr, Veterans Service Officer

Account Number: _____