

52 Reasons to Love a Vet
New Opportunities Fund
Application for 2015

The 52 Reasons to Love a Vet program was established to provide monetary awards of up to \$1000 to eligible veterans of the U.S. Armed Service in order to help facilitate their ability to pursue healthcare and dental needs; wellness and fitness programs, and educational opportunities.

Applicants should be veterans of the United States Armed Forces including Army, Navy, Air Force, Marines, or Coast Guard. Veterans should be able to provide proof of Honorable Discharge from their branch of the armed services. All questions must be answered or application may be rejected or returned. If a question is not applicable, please indicate NA.

Please Type or Print Clearly

Date: _____

APPLICANT INFORMATION

Applicant First and Last Name: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: (Please check the appropriate box)

_____ Single _____ Married _____ Divorced _____ Widowed

MILITARY SERVICE

Branch of Service: _____ Dates of Service: _____

Type of Discharge: _____*

* Copy of discharge paperwork must be included with this application

IF APPLICANT IS CURRENTLY A STUDENT, PLEASE COMPLETE THE FOLLOWING:

Presently attending: _____ College/University _____ Trade School

Name of School: _____ Graduation Date: _____

IF APPLICANT IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

Occupation _____

Full Time: _____ Part Time: _____ No. of Hours: _____ per month

Name & Address of Employer: _____

Start date with current employer: _____

IF SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

Occupation _____

Full Time: _____ Part Time: _____ No. of Hours: _____ per month

Name & Address of Employer: _____

Start date with current employer: _____

INCOME/EXPENSES:

Gross Monthly Income: \$ _____

(If married) Spouse's Gross Monthly Income: \$ _____

Monthly income: Type (example dividends, interest, veteran's benefits, trust fund): _____

Veteran's Benefits: Monthly amount \$ _____

Child Support (if applicable): Monthly amount: Received: \$ _____ Paid: \$ _____

Alimony Per Month (if applicable): Received: \$ _____ Paid: \$ _____

Total Monthly Household Income: \$ _____

Number of Dependents: _____

SIGNATURE:

I hereby certify that the above information is true and correct.

Applicant Signature

Date

ACCEPTABLE USES FOR GRANT FUNDS:

- Education including tuition, books, registration including New Jersey City University, Warren County Community College, and Raritan Valley Community College
- Job certification training (subject to approval)
- Health and wellness classes at Hunterdon Healthcare System Wellness Centers or Integrative Medicine Programs
- Preventive health/dental services
- Other needs (subject to approval)

GRANT AMOUNT REQUESTED:

Please enter award amount you are requesting (up to \$1000). \$ _____

Please use the area below to describe why you are requesting financial support and what the funds will be used for. Include 2 sentences on how these funds will improve your opportunities.

PERSONAL REFERENCES

This application requires two personal references with knowledge of the applicant. Reference forms are included on the following page.

SUBMISSION CHECKLIST:

Before submitting this application, please ensure you have:

- Answered all questions completely
- Included a copy of your military discharge paperwork
- Included a description of intended use of the funds
- Included two (2) personal references with your application

SEND APPLICATION FORM VIA MAIL OR FAX TO:

Love A Vet Committee
P.O. Box 9
Califon, NJ 07830

PERSONAL REFERENCE

Applicant First and Last Name: _____

Please describe your relationship to the applicant.

Please describe why you feel this applicant will make responsible use of these funds.

Please describe how you think these funds will help the applicant move closer to his/her goals.

Signature: _____

Your Name: _____

Address: _____

Phone: _____

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