

Application for Educational Support Grant from NWFMOA Scholarship Fund, Inc.

1. School of JROTC program: _____

2. Senior JROTC Instructor: _____
____ Member of NWFMOA ____ Member of MOAA (minimum 'Basic Membership')

3. School Address: _____
City _____ State _____ Zip Code _____

4. Amount of Grant requested (max. of \$500): \$ _____ Date needed by: _____

5. Purpose of Grant: _____

6. What are the educational benefits or impacts of this grant to your JROTC program?

7. Will this Grant be used as a 'stand-alone project' or to supplement a school-funded project?
____ Stand-alone Project ____ Supplement to school-funded project

8. Impact if Grant is not approved? _____

9. I certify that any funds awarded by the NWFMOA Scholarship Fund, Inc. will be used for the above purpose.

Signature of JROTC Senior Instructor Applicant: _____

Name and Signature of School Principal: Print Name: _____
Signature: _____

Please submit this Educational Support Grant to NWFMOA Scholarship Fund either by regular mail to:
NWFMOA Scholarship Fund, c/o Major Dave Parisot, 56 11th Street, Shalimar, FL 32579, or save and email the
completed form to dparisot@cox.net.

Action by NWFMOA Scholarship Fund: __ Approved __ Disapproved

ESG Committee _____ Sec'y/Treasurer: _____

After Action Report for this grant: Date received _____

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