



## One-Time Transition Assistance Grant Application

Please note that to qualify for the grant, the Service Member must meet one of the following requirements, S/M in a Combat Service Support role must also meet the requirement of holding the rank of Sergeant or above, **and EAS MUST be within 6 months after the date of this application (for example, if application date is February 5, EAS must be no earlier than February 5<sup>th</sup> and no later than August 5<sup>th</sup>).** Applications with signatures dated after EAS will not be accepted.

S/M must have an MOS of 0370 or 0372

**OR**

S/M must have served as a Special Operations Capability Specialist and deployed overseas with a MSOT or MSOC

**OR**

S/M must have served in a Combat Service Support role and deployed overseas with a MSOT or MSOC

**AND**

S/M must hold rank of Sergeant or above

Please make sure your application is filled out completely, provide your signature where indicated (**must be handwritten – typed or digital signatures will not be accepted**), and include your Mandatory Point-of-Contact information. Mandatory Point of Contact should be your Warrior Care Program Advocate or Staff Judge Advocate (SJA). Please note that all applications require a legal review from MARSOC prior to being submitted to the Foundation. **If you have a Warrior Care Program Advocate, please submit your application to them, who will in turn submit it to the Foundation on your behalf after the legal review.** If you do not have a Warrior Care Program Advocate, please submit your application to your SJA. If you have any questions, please contact Sarah Christian, Director of Operations by phone at 951-551-9309 or by email at [schristian@marineraiderfoundation.org](mailto:schristian@marineraiderfoundation.org). Thank you.

Name of Applicant:

Birthdate:

Street Address, including Apartment # if applicable:

City, State, Zip Code:

Phone (with Area Code):

Email:

Marital Status:    Single                      Married                      Divorced                      Widowed

If married, is spouse employed?    Yes                      No

Rank and MOS:

MARSOC Unit(s) Assigned to (Please include dates of service with each unit):

Began active-duty date:

Ended active-duty date:

What military campaign(s) did you serve in and where (or list overseas deployments)?

After serving in the above campaign(s), which of the following applies? (must check one)

I am not injured.

I am service connected and currently rated @ \_\_\_\_\_%

I am currently being evaluated/re-evaluated for service connection rating

I have a permanent disability.

I have been rated unemployable

I am currently undergoing a rehabilitation or recuperation program

Other

Goals & Objectives

What specifically are you requesting help with? Please complete the budget on the last page and be sure to include the type of service / device requested, the address of the provider or where to remit payment, and the amount. Additionally, please provide documentation of the cost of each device or service and include it with your application.

**The maximum grant amount is \$2,000 for enlisted personnel and \$1,000 for**

**officers.**

Please note that expenses eligible for grant funding include those directly related to educational or employment pursuits. Examples of eligible expenses include fees for tuition, books, certification fees, or transition programs; travel for employment; apparel for employment; and equipment for employment. Expenses not eligible for grant funding include mortgage payment; rent payment; personal or auto loan payments; utility payments; credit card payment.

For reimbursement, receipts for purchase are required. The Foundation can pay directly to vendors that accept third party payment in the form of credit card or check. Please note that the total amount with shipping and sales tax cannot exceed your grant cap.

How will your situation be financially improved in 3-6 months if your Transition Assistance Grant application is approved?

Have you applied for and/or received financial assistance from any other organizations? If assistance was received, please provide the source and amount of funds.

If requested by the Marine Raider Foundation, I am willing and able to provide documentation to support this claim.                      Yes                      No

I certify the above information to be true and correct. I authorize verification/release of the information that I am providing on this application. Disclosure of information on this form is voluntary. Failure to provide the requested information, however, will prohibit the processing of this application. In accordance with applicable laws, the Marine Raider Foundation will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or an otherwise required by law.

\_\_\_\_\_  
Signature of Applicant Recipient (**Must be signed – not printed or typed**)

\_\_\_\_\_  
Date

Mandatory Point of Contact Information – Staff Judge Advocate **OR** Warrior Care Program Advocate:

Name:

Title:

Telephone:

Email:

<b>Service / Device Requested</b>	<b>Address of Provider / Remittance – Include Account Number if Applicable</b>	<b>Amount</b>
	<b>Total Amount Requested (Grant is capped at \$2000 for enlisted and \$1000 for officers)</b>	