



One-Time Transition Assistance Grant Application

Please note that to qualify for the grant, the Service Member must meet one of the following requirements:

1. S/M must have an MOS of 0370 or 0372

OR

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

OR

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

Please make sure application is filled out completely, provide your signature where indicated, and include your Mandatory Point-of-Contact information. This person should be your Commanding Officer, USSOCOM Care Coalition Advocate, VA case worker or mental/physical health counselor. The Point-of-Contact must understand your history and current situation, and have written consent from you to discuss your case. On a separate sheet of paper, include any other information that you feel is pertinent to your situation. Please submit to schristian@marineraiderfoundation.org or fax to 951-444-7432. 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 \$3,000.

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.

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.

FINANCIAL RECORD - MONTHLY INCOME:

Veterans Compensation/Pension from VA _____

Social Security Benefits _____

Work Income _____

Unemployment _____

Earnings of Spouse _____

GI Bill _____

Other Income (please specify) _____

TOTAL INCOME _____

MONTHLY EXPENSES:

Mortgage/Rent _____

Car Payment _____

Car Insurance _____

Utilities _____

Other Expenses (please specify) _____

TOTAL EXPENSES: _____

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 - Commanding Officer, VA Case Worker,
USSOCOM Care Coalition Advocate:

Name:

Title:

Telephone:

Email:

If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:

Name of Representative: _____

Relationship to Intended Recipient: _____

Address of Representative: _____

Telephone Number: _____

Email Address: _____

Budget

Service / Device Requested	Address of Provider / Remittance - Include Account Number if Applicable	Amount
	Total Amount Requested (Grant is capped at \$3000)	