



**Military Order of the Purple Heart
Department of Pennsylvania**

Individual Grant Application

SECTION 1: PERSONAL INFORMATION

APPLICANT: See your County Director of Veterans Affairs, an Accredited Veteran Service Officer, or a non-profit/not-for-profit organization for the assistance and services you require. Please print all information clearly.

First Name: _____ Last Name: _____ MI: _____

DOB (DD/MM/YYYY): _____/_____/_____

Marital Status (circle): Single Married Divorced Separated Widowed Surviving Spouse

Are you a legal resident of Pennsylvania (check one)? YES NO (Provide photocopy proof)

Number of dependents living in Household*: _____

Full name of Dependent #1: _____ Age: _____

Full name of Dependent #2: _____ Age: _____

Full name of Dependent #3: _____ Age: _____

*If veteran has more than three (3) dependents, please attach an additional sheet with their information.

SECTION II: CONTACT INFORMATION

Street Address: _____

City: _____ State: PA County: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

SECTION III: MILITARY INFORMATION

Please attach a copy of your DD-214 discharge form showing category of discharge.

Branch of Service: _____ Rank: _____

Date of Entry into Service (MM/DD/YYYY): _____/_____/_____

Date of Discharge (MM/DD/YYYY): _____/_____/_____

Were you discharged under other than dishonorable conditions (check one)? YES NO

Do you have a physical disability? YES NO

If YES, is it a service-connected disability (check one)? YES NO

If YES, what is your US Department of Veterans Affairs Disability Rating? _____%



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SECTION IV: FINANCIAL STATUS

Are you currently employed (check one)? YES NO

If YES, what is the name of your employer? _____

What is your total monthly employment income? \$ _____

If NO, what is your trade/profession and why are you unemployed?

What is your total monthly household income (including spouse/other)? \$ _____

Are you currently receiving federal VA Pension and/or disability benefits? YES NO

If YES, what is the monthly amount of benefits and/or pension awarded? \$ _____

Are you receiving Social Security and/or Social Security Disability Income?

If YES, what are the amounts received? \$ _____

Please input monthly expenses and attach most recent rent/mortgage, utility, car payment bills

Rent/Mortgage: \$ _____

Clothing/Laundry: \$ _____

Transportation: \$ _____

Utilities: \$ _____

Child Care: \$ _____

Credit Cards: \$ _____

Telephone: \$ _____

Car Insurance: \$ _____

Car Payment: \$ _____

Food: \$ _____

Medical: \$ _____

Other: \$ _____

Total Expenses per Month: \$ _____

SECTION V: GRANT REQUEST

Brief Description of Need. Attach a copy of the bill/invoice for which you are seeking assistance



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SECTION V: GRANT REQUEST: (Continued)

Have you requested any other grants/money from other agencies or organizations? YES NO

If YES, please describe to whom and for how much:

Amount Requested from Military Order of the Purple Heart: \$ _____

Signature and Authorization: By submitting this application, I authorize The Military Order of the Purple Heart to share this information with federal, state and local government organizations and officials, including my County Director of Veterans' Affairs and the Office of Veterans' Affairs and with veterans' service organizations. I hereby certify that the information submitted is true and correct to the best of my knowledge, information and belief.

Signature of Applicant: _____ Date: _____

Name, Organization, E-mail address and Signature of County Director, Veterans' Service Officer, or VA Case Worker assisting applicant:

Name: _____ E-mail: _____ @ _____

Organization: _____

Signature: _____ Date: _____

The Official assisting the applicant is asked to attach a summary assessment of the applicant's situation addressing the needs and resources of the applicant.

WHERE DOES THE COUNTY DIRECTOR/CASE WORKER MAIL THIS APPLICATION?

Upon completion, please return this application to the Military Order of the Purple Heart Chapter from which it was received or to Dean Clark: 786 Hartley Road
Bedford, PA 15222

If you have questions, please contact one of the representatives listed above.

SECTION VI: GRANT DECISION:

Approved Disapprove

Date: _____

Amount: \$ _____

Signed: _____

Comments: