



WNYHeroes, Inc.
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WNYHeroes, Inc. is a 501.3© non-profit

Grant Application

These grants fall under the same guidelines of WNYHeroes, Inc. Board of Directors. We have developed this program to allow our parents, (Veterans) who served in combat, returned home with injuries and unable to give this opportunity to their children. For residence of the following: **W. Seneca, Tonawanda, Kenmore and Hamburg**, check with your town hall as they have partnered with our program and already offer this to disabled veterans residing in their township.

To take part in any of our programs, veteran/family must reside within one the 12 counties of Western New York (WNY) for a minimum of one (1) year. Grants will be approved or denied at the sole discretion of the Grant Review Committee.

I understand that the grant funds are paid directly to the program. Initial: _____

Parents First Name: _____ Last Name: _____

Name of Child: _____ Childs Age: _____ D.O.B: ___/___/___

Sex: ___ Grade: ___ School: _____

Address: _____ City: _____ County: _____

Zip: _____ Phone: (____) _____ Cell: (____) _____

How long have you resided in WNY? _____ Work :(____) _____ How Long _____

Email: _____@ _____ Branch of Service: _____ ETS: ___/___/___

Currently Deployed: Y__ N__ *If currently deployed, give location: _____

Disabled Veteran: Y__ N__ Percentage of disability: _____

Please mark an (x) indicating which programs you are seeking.

Activity:

Football: ___ Soccer: ___ Cheerleading: ___ Baseball: ___ Aerobics: ___ Swim: ___ Golf: ___ Gymnastics: ___
Music: ___ Dance: ___ Tea Kwon Do: ___ Rolly Pollies: ___ Operation Camp Purple: ___ Boy Scouts: ___
Girl Scouts: ___ Lacrosse: ___ Other: _____

- If other, please indicate activity so that we may verify if program meets our guidelines.
- Must show proof of residency within WNY
- Show valid NYS drivers license
- submit DD-214 (**Must be honorable discharge**)
- Veteran him/herself MUST submit application and be willing to have face to face interview with investigator
- VA letter showing your disability rating
- If currently deployed, **must submit copy of orders**
- I understand that this assistance is only a one time grant of up to \$250.00 per child, per year and if exceeded, the amount over and above is my responsibility, not that of WNYHeroes, Inc. Initial x_____

Source of Income	Amount (per month)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income:	\$ _____

*Are you a Veteran collecting VA benefits? Y ___ N ___

*If 'Yes', please provide a copy of your award letter showing amount and percentage.

Please include ALL Family living expenses (i.e. rent/mortgage, utilities, insurance, food, transportation, medical, credit cards and other living expenses whether or not you are requesting assistance for that specific expense). For each expense, please indicate if the expense is a recurring expense or a one-time expense. Please explain any unusual or exceptionally large expenses.

Description	Cost	Recurring/One-time Expense (R/O)
Rent/Mortgage	\$ _____	R / O
Utilities: Gas	\$ _____	R / O
Electric	\$ _____	R / O
Water	\$ _____	R / O
_____	\$ _____	R / O

_____ \$ _____ R / O
_____ \$ _____ R / O
_____ \$ _____ R / O
Total monthly expenses: \$ _____

* If you need more space, please continue on back or separate piece of paper, and then put total on this page.
• Please submit copy of bank statements showing the last 3 months to filling out request.

Please describe specifically what expense(s) the grant is needed for. List amounts for each expense.

- I hereby authorize WNYHeroes, Inc. to look into any and all information as needed. I also understand any false statement may result in termination of my request.
- I will cooperate in any manner to expedite the request process as directed WNYHeroes, Inc.
- I understand that by not completely filling out the form, or by leaving blanks or by not providing required documentation (DD-214 Member 4 copy or Active Military ID, Photo Identification, Bills, etc.) that this can and will delay the process.
- I do understand that a representative may contact me at any point during / following the process, and visit my home

On behalf of our office and those out in the community who support our mission and make this program possible for you, allow us to extend our sincere gratitude for your sacrifice. We know it is NOT EASY returning home and trying to continue on with everyday normal life. Please remember that we are here to help and assist in any manner that we can.

WNYHeroes, Inc. believes that we should be the "First and Last" number that you need to call when in need.

Veteran Print: _____

Veteran Signature: _____ Date: ___/___/___

I hereby certify that I am a United States veteran, active military or military spouse and that the following information I am presenting is true to the best of my knowledge.

Notary of Public: _____

NYS Stamp: _____

Date: ___/___/___