

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

1. School of JROTC program: _____

2. Senior JROTC Instructor: _____ Phone #/email: _____
____ 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 email or regular mail to: NWFMOA Scholarship Fund, c/o Major Dave Parisot, 56 11th Street, Shalimar, FL 32579, or by email to nwfmoasf@gmail.com and nwfmoa.scholarship@yahoo.com.

Action by NWFMOA Scholarship Fund: Approved Disapproved

President: _____ Secretary/Treasurer: _____

(Form updated 1-7-2025; previous version obsolete)

THE NWFMOA SCHOLARSHIP FUND IS A 501C(3) CORP. DONATIONS ARE TAX EXEMPT AS PROVIDED BY LAW. FL REGISTRATION # CH20374. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FL DEPT. OF AGRICULTURE & CONSUMER SERVICES BY CALLING (850) 435-7352 WITHIN THE STATE OF FLORIDA OR VIA THEIR WEBSITE OF WWW.800HELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION