

# AMERICAN VETERANS with BRAIN INJURIES, INC. National Disabled Veterans Sports Clinic Grant Application

December 2010

To be considered for assistance you must have suffered a medically documented brain injury while in service to the United States Armed Forces and served "honorably" or be the family member / caregiver of a wounded service member or veteran as described. Please print or type.

If you need assistance completing this application, please call (850) 994-AVBI (2824).

## VETERAN'S INFORMATION

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ # OF DEPENDENTS: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ CURRENT STATUS: \_\_\_\_\_

(Active Duty, Retired, Discharged)

## POINT OF CONTACT (IF OTHER THAN VETERAN FILING THIS APPLICATION) OR FAMILY MEMBER WHO IS ATTENDING THE WSC WITH YOU:

NAME: \_\_\_\_\_

RELATIONSHIP TO VETERAN: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## WHAT ARE THE COSTS ASSOCIATED FOR YOU TO ATTEND THE Winter / Summer SC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU ATTENDED THE WSC BEFORE? \_\_\_\_\_

I certify that 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, AVBI will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or as otherwise required by law.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### SEND APPLICATION TO:

AVBI  
4960 Hwy 90 Box #173  
PACE, FL 32571  
e-mail: Admin@AVBI.org

### INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ◆ COPY OF DD214 or COPY OF MILITARY / VA I.D.
- ◆ COPIES OF SUPPORTING DOCUMENTS (DVSC acceptance letter)
- ◆ RECEIPTS OF INCURRED EXPENCES RELATED TO DVSC (Pre-Paid: airline / hotel reservations, meal ticket, etc.)

**OFFICE USE:** Date Received: \_\_\_\_\_ Verified \_\_\_\_\_ Approved \_\_\_\_\_ Denied/Reason \_\_\_\_\_

Amount of financial assistance: \$ \_\_\_\_\_ Delivered via: \_\_\_\_\_ on \_\_\_\_\_

Officer Approval Signature/Date: \_\_\_\_\_