

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

1. School of JROTC program: _____ Date _____

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: (How will the funds be spent?)

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 by regular mail to:

NWFMOA Scholarship Fund, c/o Major Dave Parisot, 56 11th Street, Shalimar, FL 32579, or by email to

nwfmoasf@gmail.com. Make check payable to: _____

Action by NWFMOA Scholarship Fund: ___ Approved ___ Disapproved by Scholarship Fund

President: _____ Secretary/Treasurer: _____

(Form updated 9-11-2025; previous version obsolete)