

**STANLEY W. EKSTROM FOUNDATION**

701 S. PARKER ST., STE. 3900  
ORANGE, CALIFORNIA 92868  
MARYANNE@SWEFOUNDATION.ORG

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TEL: (714) 547-2462

## GRANT APPLICATION FORM - MILITARY

**THE INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL  
WITHIN OUR ORGANIZATION SUBJECT TO STATE AND FEDERAL LAW.**

Date: \_\_\_\_\_

Name: (Last, First) \_\_\_\_\_

EIN/SSN: \_\_\_\_\_

501(c)(3)    Yes \_\_\_\_\_    No \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

List all minor children living with you (names and ages):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MILITARY SERVICE

Service in the military of either yourself or deceased family member:

Branch and years of Service: \_\_\_\_\_

Where Served: \_\_\_\_\_

What are your needs and how can we help?

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Government Benefits Received on a monthly or annual basis:

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Are others providing you funding for your needs besides the Government? If so, who and how much?

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How did you find out about us?

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I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated

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**\*\*\* For Foundation Use Only\*\*\***

Dated Received: \_\_\_\_\_

Approved  Denied

Grant authorized as follows:

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

\_\_\_\_\_  
Officer Signature