



SECTION 3: INFORMATION ABOUT YOU, THE APPLICANT			
The applicant MUST be the parent, legal gaurdian, or spouse of the recruit. You, the applicant, are requesting Travel Assistance to help with expenses associated with traveling to YOUR recruit's family day AND graduation at MCRD. The information in this section will be used to verify YOUR income and expenses.			
YOUR Name: _____			
(Last Name)	(First Name)	(Middle Name)	
List all other names used in the last five years. _____			
What is YOUR relationship to the recruit: _____			
YOUR Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other			
YOUR Street Address (required) _____			
YOUR Apartment or Unit Number (if applicable) _____			
YOUR City (required) _____			
YOUR State (required) _____			
YOUR Zip Code (required) _____			
Accurate Contact Information is Critical! Please take time to verify your contact information is accurate. Missing or incorrect information will delay the process to approve your application and begin the process of purchasing airfare.			
YOUR Email Address (required) _____			
YOUR Cell Phone (required if you have one) _____			
YOUR Home Phone (required if you have one) _____			
YOUR Work Phone (required if employed) _____			
Do YOU Own a Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Enter Year, Make and Model: _____			
Enter monthly payment for THIS vehicle: _____			
Enter name of loan company for THIS vehicle: _____			
Enter loan company address, city, state, zip: _____			
Enter loan company phone with area code: _____			
You must list ALL sources of income. Applicant is required to certify that ALL income has been reported on this application prior to submitting the form. Missing income sources or understated income will VOID your application for Travel Assistance.			
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, Name of Employer: _____			
Employer's address, city, state, zip: _____			
Your supervisor's full name: _____			
Supervisor's phone with area code: _____			
Enter Your MONTHLY Gross Income: _____			
Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the name of your second employer? _____			
Enter Your Monthly GROSS Income: _____			
Do you receive unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From what State do you Draw Unemployment? _____			
Enter Your WEEKLY Unemployment Income: _____			

Do you receive Social Security?  Yes  No  
 If YES, list the name and phone of your case worker:  
 Enter Your MONTHLY Social Security Benefit:

Do you receive Food Stamps?  Yes  No  
 If YES, list the name and phone of your case worker:  
 Enter Your MONTHLY Food Stamp Benefit:

Do you receive income from retirement plan(s)?  Yes  No  
 If YES, Enter GROSS MONTHLY Retirement Income:

Do you receive income from any other sources?  Yes  No  
 List Sources of ALL Other Income:  
 Include ALL other income not reported above. Enter spouse income HERE unless applying JOINTLY; if applying JOINTLY, enter spouse income in Section 5.  
 Enter Monthly SUM of ALL Other Income:

SECTION 4: INFORMATION ABOUT YOUR HOUSEHOLD	
Information you provide in this section will be used to standardize and estimate your monthly household expenses.	
Do you own or rent your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (describe below)	
If OTHER, please describe: _____	
Enter your MONTHLY payment:	_____
Enter approximate square footage of your home:	_____
Enter number of bedrooms in your home:	_____
Enter number of bathrooms in your home:	_____
Enter the name of your Landlord/Mortgage Company:	_____
Full Address Landlord/Mortgage Company:	_____
Phone for Landlord/Mortgage Company:	_____
In this section, count the total number of persons of any age living in your household including yourself. DO NOT COUNT YOUR RECRUIT in the numbers below.	
For purposes of this application, please classify an ADULT as any person age 18 or over, and a CHILD as any person under the age of 18.	
_____	Enter the number of TOTAL persons of all ages living in our household.
<i>Of the TOTAL entered above:</i>	
_____	How many are ADULTS who are EMPLOYED either full-time or part-time?
_____	How many are ADULTS who DO NOT WORK?
_____	How many are CHILDREN living in the home FULL-TIME?
(Full-time is 20 days or MORE per month.)	
_____	How many are CHILDREN living in the home PART-TIME?
(Part-time is 10 days or FEWER per month.)	

**SECTION 5: INFORMATION ABOUT YOUR SPOUSE**

If you are married you must complete this SPOUSE section as well. Do not enter income in this section that has been previously listed in YOUR Applicant section.

SPOUSE Name:

(Last Name)

(First Name)

(Middle Name)

What is your SPOUSE'S relationship to the recruit:

SPOUSE Marital Status:  Single  Married  Separated  Divorced  Widowed  Other

Accurate Contact Information is Critical! Please take time to verify your contact information is accurate. Missing or incorrect information will delay the process to approve your application and begin the process of purchasing airfare.

SPOUSE Email Address (required)

SPOUSE Cell Phone (required if you have one)

SPOUSE Work Phone (required if employed)

Does your SPOUSE Own a Vehicle not listed in your information?  Yes  No

If Yes for SPOUSE, Enter Year, Make and Model:

Enter monthly payment for SPOUSE vehicle:

Enter name of loan company for SPOUSE vehicle:

Enter SPOUSE loan company address, city, state, zip:

Enter SPOUSE loan company phone with area code:

You must list ALL sources of income for YOUR SPOUSE. Applicant is required to certify that ALL income has been reported on this application prior to submitting the form. Missing income sources or understated income will VOID your application for Travel Assistance.

Is your SPOUSE employed?  Yes  No

If YES, Name of SPOUSE Employer:

SPOUSE Employer's address, city, state, zip:

SPOUSE supervisor's full name:

SPOUSE Supervisor's phone with area code:

Enter SPOUSE MONTHLY Gross Income:

Does your SPOUSE have a second job?  Yes  No

What is the name of SPOUSE second employer?

Enter SPOUSE Monthly GROSS Income:

Does your SPOUSE receive unemployment?  Yes  No

From what State does SPOUSE Draw Unemployment?

Enter SPOUSE WEEKLY Unemployment Income:

Does your SPOUSE receive Social Security?  Yes  No

If YES, list the name and phone of SPOUSE case worker:

Enter SPOUSE MONTHLY Social Security Benefit:

Does your SPOUSE receive Food Stamps not previously listed?  Yes  No

If YES, list the name and phone of SPOUSE case worker:

Enter SPOUSE MONTHLY Food Stamp Benefit:

Does your SPOUSE receive income from retirement plan(s)?  Yes  No

If YES, Enter SPOUSE GROSS MONTHLY Retirement Income: \_\_\_\_\_

Does your SPOUSE receive income from any other sources not previously listed?  Yes  No

List Sources of ALL SPOUSE Other Income: \_\_\_\_\_

Include ALL other SPOUSE income not previously listed. \_\_\_\_\_

Enter Monthly SUM of ALL SPOUSE Other Income: \_\_\_\_\_

**SECTION 6: COPIES OF DOCUMENTS**

We require you to submit copies of supporting documentation after submitting your application ONLINE. If you are completing this form in PRINT COPY, you must submit supporting documentation WITH THIS APPLICATION. You must respond to each question in this section.

REQUIRED: Regarding YOUR State-Issued Identification, Select the MOST TRUE Statement:

- Yes, I have a State-Issued Driver's License
- Yes, I have State-Issued ID (NOT a Driver's License)
- NO, I do NOT have a valid State-Issued ID I will obtain a State-Issued ID

From which STATE is your ID issued? \_\_\_\_\_

Enter the expiration date of your State ID: \_\_\_\_\_

Please respond to EACH question regarding whether you can provide documentation of the following expenses and income. If the item does not pertain to you, please check "Does not pertain to me"

- 1.) Can you provide documentation of your monthly rent or mortgage payment?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 2.) Can you provide documentation of your monthly auto loan payment(s)?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 3.) Can you provide INCOME documentation from your EMPLOYER?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 4.) Can you provide INCOME documentation from your SECOND JOB?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 5.) Can you provide INCOME documentation from your UNEMPLOYMENT?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 6.) Can you provide INCOME documentation from your SOCIAL SECURITY?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 7.) Can you provide INCOME documentation from your FOOD STAMPS?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 8.) Can you provide INCOME documentation from your RETIREMENT?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.
- 9.) Can you provide INCOME documentation from your OTHER sources?
  - Does not pertain to me.  Yes, I will provide this document.  No, I do not have documentation.

**SECTION 7: WHY DO YOU NEED TRAVEL ASSISTANCE?**

Write a concise paragraph explaining why you need Travel Assistance to attend your recruit's graduation. Include information not reflected on your application which you feel should impact our decision.


**SECTION 8: PLEASE ANSWER EACH QUESTION**

- 1.) Will other family members be attending the graduation?  Yes  No  I do not know.
- 2.) Have you asked for assistance from other organizations?  Yes  No  I do not know.
- 3.) Will you need overnight accommodations at graduation?  Yes  No  I do not know.
- 4.) How do you plan to travel to your recruit's graduation?  Fly  Drive  Other
- 5.) Which airport is nearest to your home? \_\_\_\_\_

**SECTION 9: DO YOU AGREE TO THE FOLLOWING?**

- 1.) Do you (and your spouse if married) certify that you have listed all sources of income in this application as completely and truthfully as possible?  

Yes  No
- 2.) Do you agree to send copies of all required supporting documents as listed on your application within three business days and/or as requested by MarineParents.com staff during review of your application?  

Yes  No
- 3.) Do you agree to MarineParents.com staff or third party verification of all information you submit in the application and supporting documents?  

Yes  No
- 4.) Do you agree to submit a photo of you (and your new Marine if s/he agrees) taken during family day or graduation to MarineParents.com to publish on their website, e-newsletters or in printed publications?  

Yes  No
- 5.) Do you agree to allow MarineParents.com to publish your first name, state, and dates you attended your recruit's graduation on their websites, e-newsletters and in printed publications?  

Yes  No
- 6.) Do you certify that by submitting this form, the information you have provided is truthful and accurate?  

Yes  No
- 7.) Do you understand your application will be rejected if information and/or document(s) provided by you (or provided by others at your request) are found to be inaccurate or untruthful?  

Yes  No
- 8.) Do you understand this document is invalid unless and until we receive copies of the supporting documents in our office, either via fax, US Postal Service, FedEx or other delivery service, or through Email or other electronic submission?  

Yes  No

SECTION 10: SIGN, DATE AND SUBMIT YOUR APPLICATION	
If you are married, both spouses must sign this application whether traveling together or not.	
(Applicant 1 Signature)	(Date of Signature)
(Spouse Signature)	(Date of Signature)
<p><b>Return your COMPLETED and SIGNED application with COPIES OF ALL SUPPORTING DOCUMENTS via US Mail to the following address:</b></p> <p style="padding-left: 40px;">MarineParents.com, Inc.                      Attn: Travel Assistance                      3208 LeMone Industrial Blvd, Ste. B                      Columbia, MO 65201</p> <p>You may also fax your application and documents to: 573-303-5502</p> <p>We encourage you to keep a copy of your application if you are sending it via US Mail. Please allow our office staff 10 business days to process your application. If you have provided an email address, we will notify you via email that we have received your application. If you have questions or need additional information prior to submitting your application, please call our corporate office at 573-449-2003.</p>	