

SEGAMI HEALTHCARE GRANTS

Military Grant Application

All applicants must be active or retired United States military personnel. You must also be financially disadvantaged to receive any funding from the SEGAMI HEALTHCARE FUND. **No dishonorable discharges will be accepted.** Please answer all of the following questions to ensure that your application will be processed.

First Name:

Last Name:

Rank in military:

Phone number:

Home address:

Email address:

Are you a U.S. citizen?

Male or Female:

Age:

Military status-active,reservist or veteran:

How much medical debt do you have?

What is combined household income?

Total members in household:

Brief description
of your
healthcare
situation: