

# 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: