

Casualty Based Grant – flat rate of \$1,000

Must include all rules listed in Status Based Grant.

Service member must submit documentation stating that they sustained a service-connected injury or illness.

Member's next of kin must submit a statement that the member was KIA, MIA or is a POW.

The requirement of 30 consecutive days or more of active military duty may be waived by the division upon receipt of written request indicating the circumstances justifying the waiver.

* Grant may be received only one time for each active duty order.

The following members are ineligible:

Members who are unmarried or have no family members enrolled in DEERS (Need Based Grant and the Status Based Grant).

Personnel serving in Active Guard/Reserve (AGR) or similar full-time unit support programs unless called to Title 10 service.

Members, who, at any time before the disbursement of funds, receive a punitive discharge or an administrative discharge with service characterized as Under Other Than Honorable Conditions.

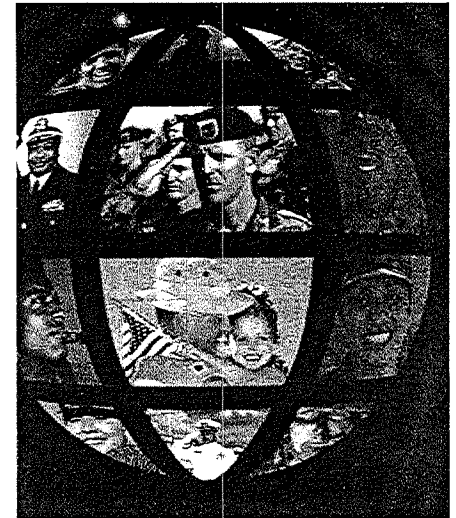
President Abraham Lincoln noted our duty as citizens "...to care for them who have borne the battle."

The South Carolina Military Family Relief Fund is an efficient and voluntary way for citizens on the home front to express their appreciation for National Guard members and reservists on the frontlines. *Please help.*

For an application please visit our website at <http://www.govoepp.state.sc.us/vetaff.htm> or call our office for assistance.

SOUTH CAROLINA

MILITARY FAMILY RELIEF FUND



SOUTH CAROLINA
DIVISION OF VETERAN'S AFFAIRS
ATTN: SCMFRRF COORDINATOR
1205 PENDLETON STREET, SUITE 477
COLUMBIA, SOUTH CAROLINA 29201

803.734.0200
803.734.0197 (FAX)

The South Carolina Military Family Relief Fund

The South Carolina Military Family Relief Fund (SCMFRF), signed into law in 2004 by Governor Mark Sanford, provides monetary grants to families of South Carolina National Guard members and South Carolina residents serving in the U.S. Armed Forces Reserve components who were called to active duty as a result of the September 11, 2001 terrorist attacks.

Many families of South Carolina National Guard members and Reservists face serious financial hardship, because the military pay of a service member can be far less than their civilian salary. Some families may see as much as a 70 percent drop in their household income when the service member is away.

SCMFRF grants are intended to help families defray the costs of food, housing, utilities, medical services, and other expenses that become difficult to afford when a wage-earner has temporarily left civilian employment to be placed on active military duty.

Beginning in 2005, donations will be accepted through a voluntary check-off on South Carolina individual income tax forms or through other grants and donations made to the fund.

Status Based Grant – flat rate of \$500

Grant applicant must be a member of the South Carolina National Guard or a South Carolina resident serving in a U.S. Armed Forces Reserve component, or a family member of the Guardsman/Reservist and enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). Proof of residency and/or familial relationship consists of information obtained from DEERS.

Service member was/is on active military duty for 30 consecutive days or more as a result of Sept 11, 2001.

Orders must state one of the following:

- Operation Noble Eagle/Enduring Freedom/Iraqi Freedom
- Executive Order #13223
- Any future operations as determined by the President or Governor of South Carolina

Rank must be no higher than O-3 or W-2 (based upon rank at time of mobilization). Proof of pay grades consists of information obtained from DEERS.

* May receive a grant only one time in each fiscal year and only one time for each active duty order.

Need Based Grant – up to \$2,000 (maximum)

Must include all rules listed in Status Based Grant.

Must submit monthly civilian AND military pay stub to show the service member sustained a 30% or greater decrease from his or her civilian salary.

Must submit proof of expenses or bills.

Must submit a signed statement on what the grant will be used for.

If custodial parent or guardian is applying on behalf of a member's dependent, then proof of guardianship must be provided.

* No additional applications may be accepted within 180 days from receipt of any prior applications.



Mail To:
SC Division of Veterans' Affairs
ATTN: SCMFRR Coordinator
1205 Pendleton Street, Ste. 477
Columbia, SC 29201

SOUTH CAROLINA MILITARY FAMILY RELIEF FUND (SCMFRR) APPLICATION

If you need assistance completing the application please call 1.803.734.0200

MILITARY MEMBER'S INFORMATION

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

BRANCH: _____ RANK/PAY GRADE: _____ SOCIAL SECURITY #: _____

HOME STATION UNIT OF ASSIGNMENT: _____

(Where you would normally drill when not on active duty.)

EMAIL ADDRESS: _____

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

NAME: _____ SSN: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ RELATIONSHIP TO MILITARY MEMBER: _____

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION:

NAME: _____

POSITION/TITLE: _____ PHONE NUMBER: _____

CHECK TYPE(S) OF GRANT(S) REQUESTED:

STATUS BASED GRANT -- FLAT RATE OF \$500

- Members who are unmarried or have no family members enrolled in DEERS are ineligible.
- Rank must be no higher than O-3 or W-2 (based upon rank at time of mobilization).
- Orders must state one of the following:
 - Operation Noble Eagle/Enduring Freedom/Iraqi Freedom
 - Executive Order #13223
 - Any future operations as determined by the President or Governor of South Carolina.
- Service member was/is on active military duty for 30 consecutive days.
- May receive a grant only one time in each fiscal year and only one time for each active duty order.
- Application must be signed.

SIGNATURE OF APPLICANT: _____ DATE: _____

COMPLETE THIS PAGE ONLY IF APPLYING FOR CASUALTY BASED OR NEED BASED GRANT - CHECK TYPE(S) OF GRANT(S) REQUESTED:

CASUALTY BASED GRANT -- FLAT RATE OF \$1,000

- Must include all rules listed in Status Based Grant.
- Service member must submit documentation stating that they sustained a service-connected injury or illness.
- Member's next of kin must submit a statement that the member was KIA, MIA or is a POW.
- The requirement of 30 consecutive days or more of active military duty may be waived by the division upon receipt of written request indicating the circumstances justifying the waiver.
- Grant may be received only one time for each active duty order.

NEED BASED GRANT -- UP TO \$2,000

- Must include all rules listed in Status Based Grant.
- Members who are unmarried or have no family members enrolled in DEERS are ineligible.
- Must submit monthly civilian AND military pay stub to show the service member sustained a 30% or greater decrease from his or her civilian salary.
- Must submit proof of expenses or bills.
- Must submit a signed statement on what the grant will be used for.
- This grant will only pay the amount of bills attached to this application up to the amount of \$2,000.
- If custodial parent or guardian is applying on behalf of a member's dependent, then proof of guardianship must be provided.
- No additional applications may be accepted within 180 days from receipt of any prior applications.

(ONLY COMPLETE THIS SECTION IF APPLYING FOR NEED BASED GRANT)

1. Monthly Civilian Salary includes NO overtime (attach copy of pay stub): \$ _____
2. Monthly Military Salary include base pay and BAH (attach copy of pay stub): \$ _____
3. Is military salary at least 30% less than civilian salary? YES NO

(If you do NOT meet the 30% requirement, you will NOT qualify for the Need-Based Grant)

<u>EXPENSE</u>	<u>AMOUNT</u>	<u>DESCRIBE ATTACHMENT(S)</u>
Food/clothing:	\$ _____	_____
Rent/mortgage:	\$ _____	_____
Major Home Appliances:	\$ _____	_____
Utilities:	\$ _____	_____
Medical services/prescriptions:	\$ _____	_____
Insurance:	\$ _____	_____
Vehicle payments:	\$ _____	_____

SIGNATURE OF APPLICANT

DATE

*I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of South Carolina and the South Carolina Division of Veterans' Affairs access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form, including social security numbers, is voluntary. **Failure to provide the requested information, however, will prohibit the processing of this grant application.** In accordance with applicable laws, the State of South Carolina and the South Carolina Division of Veterans' Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.*