



# FIST OF THE FLEET ASSOCIATION, INC.

Request for Educational Grant

Any enlisted person or officer, while attached to VFA-25, may request an educational grant. Award of grants will be based on financial need and probable benefit to the Navy. The Association will award grants based on available funds. Proof of completion of course for which grant is requested must be legible, signed by a school official, and easily verified. Currently, grant requests will consider cost of books only (proof of purchase required).

Name \_\_\_\_\_  
(Last) (First) (Rate/Rank)

Married?  Yes  No No. of Dependents \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_

Describe your financial need for a grant (use additional sheet of paper if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your educational goals and how the Navy will benefit from your completion of this course and/or the achievement of your educational goals (use additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount requested \$ \_\_\_\_\_ Purpose \_\_\_\_\_  
\_\_\_\_\_

## Methods to Submit

U.S. Post Office: Fist of the Fleet Association, c/o Robert D. Kison,  
7230 Mourning Dove Ct., Titusville, FL 32780  
Email: [fist@fistofthefleet.org](mailto:fist@fistofthefleet.org)

<p><b>PERMISSION TO ACCESS COURSE INFORMATION</b> I authorize FIST OF THE FLEET ASSOCIATION, INC., to access my grade in (course) _____ from (name of school) _____ for a period of 120 days after receipt of application.</p> <p>Date _____ Signed _____</p>
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**FOR USE BY ASSOCIATION:** Date Rec'd \_\_\_\_\_ Amt Granted \_\_\_\_\_  
Date Granted \_\_\_\_\_