

DATE

Hillsborough County
Office of Veterans Affairs
10119 Windhorst Rd.
Tampa FL 33619

Re: Combat Active Duty Military Grant

To Whom It May Concern:

I _____ (parent/spouse) acknowledge that the active duty member in which the grant is being applied for is unable to be contacted or personally apply for the Hillsborough County Combat Active Duty Military Grant due to deployment. I, _____ (parent/spouse), will be applying for this grant on behalf of _____, (branch of service), and with doing so will provide this office a copy of a signed power of attorney which authorizes me _____ (parent/spouse), the active duty member's Attorney-in-Fact, to act on behalf of said active duty member.

Sincerely,