



BILLY GRAHAM TRAINING CENTER AT THE COVE

MILITARY RESOURCE ASSISTANCE FORM

Name: \_\_\_\_\_ Rank (Title) & Branch: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

(Please do not use Military email address.)

Are you a chaplain? Yes  No

How did you hear about the Military Resource Assistance Program? \_\_\_\_\_

**Please note: Requirements for eligibility for these resources:**

- Are you currently on Active Duty? Yes No (Please circle one)
- If Reservist or National Guard, are you still deployable? Yes No (Please circle one)
- Are you now, or have you been Deployed/Mobilized in the Global War on Terror?  
Yes No (Please circle one)

If "Yes", please list general area of Deployment/Mobilization: \_\_\_\_\_

- Please tell us where you are currently stationed: \_\_\_\_\_

Name/Date of seminar you wish to attend: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please return this form to:

**The Billy Graham Training Center at The Cove**  
**Attn: Military Resource Committee**  
**P. O. Box 19223**  
**Asheville, NC 28815**  
**fax: (828-771-4808) or email to: [nwright@thecove.org](mailto:nwright@thecove.org)**

**For Office Use Only**

Amount of resources granted: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_