



MILITARY APPLICATION

First Name: _____

Last Name: _____

Address Street: 1 _____

Address Street: 2 _____

City: _____

Zip: _____ (5 digits)

State: _____

Daytime Phone: _____

Email: _____

Branch of Service: _____

Rank: E-1____, E2____, E3____, E4____, E5____, E6____, E7____

Date of Birth: _____

Social Security Number: _____

Date Entered Military: _____

ETS or Date of Discharge: _____

Duty or Work Phone: _____

Housing: Barracks____, Base Housing____, Rent____, Own____ (Check One)

BAH: BAH/with Dependents____, BAH/without Dependents____, No BAH ____

Are you on Deployment: Yes ____ No ____

Are you National Guard or Reserves: Yes ____ No ____

**Thank You For Applying. Your Application Will Be Processed ASAP.
A Representative Will Contact You By Phone And Also E-mail.
We Look Forward To Speaking To You.**

Outlook Foundation

3217 Sammy Davis Jr Dr, Las Vegas NV 89109

Phone: 702-751-0830

www.outlookfoundation.org or email to: staff@outlookfoundation.org