

2020 RETURN TO ITALY TRIP
DESCENDANT GRANT-IN-AIDE APPLICATION

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
PHONE NUMBER: _____
EMAIL: _____
AGE: _____

I AM A MEMBER OF THE:

_____ 10TH MOUNTAIN DIVISION DESCENDANTS
_____ 10TH MOUNTAIN DIVISION ASSOCIATION

NAME OF 10TH MT. DIV. VETERAN _____
CHECK ONE: _____ WWII 10TH VETERAN _____ MODERN 10TH VETERAN

THIS IS MY FIRST TIME ATTENDING A RETURN TO ITALY TRIP SPONSORED BY THE 10TH
MOUNTAIN DIVISION ASSOCIATION OR DESCENDANTS _____ YES _____ NO

_____ I UNDERSTAND THAT IN ORDER TO BE CONSIDERED FOR THIS GRANT THIS FORM ALONG
WITH ITALY TRIP FORMS INCLUDING DEPOSIT MUST FIRST BE RECEIVED BY INTERTRAV.

_____ I AGREE TO WRITE A MINIMUM 2 PAGE REFLECTION PAPER OF MY 2020 RETURN TO
ITALY TRIP EXPERIENCE AND SUBMIT IT TO TMDD WITHIN ONE MONTH OF MY RETURN.

SIGNATURE: _____ DATE: _____