

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_

I AM A MEMBER OF THE:

10<sup>TH</sup> MOUNTAIN DIVISION DESCENDANTS

10<sup>TH</sup> MOUNTAIN DIVISION ASSOCIATION

NAME OF 10<sup>TH</sup> MT. DIV. VETERAN \_\_\_\_\_

CHECK ONE:  WWII 10<sup>TH</sup> VETERAN  MODERN 10<sup>TH</sup> VETERAN

UNIT OF 10<sup>TH</sup> VETERAN (i.e. 87<sup>th</sup> Regiment, Company K): \_\_\_\_\_

RELATIONSHIP TO 10<sup>TH</sup> VETERAN: \_\_\_\_\_

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

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.

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_