

## Application for the VFW Emergency Financial Assistance Grant

How to apply for a VFW Emergency Financial Assistance Grant (instructions for VFW Representative):

1. VFW representative contacts the local Family Services Office (FSO) to verify emergency. (VFW assists only after a FSO has been notified.)
2. VFW Department/Post will forward this application for funds to VFW National Headquarters.

Membership in the VFW and/or Ladies Auxiliary is not a prerequisite for application nor part of the criteria for distributing funds. Applications received at the VFW National Headquarters from any source other than a VFW Department or Post will not be accepted. Applications will not be considered if all information is not filled out completely.

|                                 |     |         |   |
|---------------------------------|-----|---------|---|
|                                 |     |         |   |
| Name of Person Requesting Funds | SSN | Phone # | Mailing Address: Street, City, State, Zip<br>(Funds are mailed to this address) |

|  |   |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
|--|---|--|--------------|------------|-------------------------------|--------------------------------------|------------------------------------|----------------------------------|----------------------------------|---|-------------------------------|------------------------------|--------------------------------------|--|--|
|  |   |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Military member's name<br>Member of VFW/Ladies Auxiliary? Circle Y or N  | Military Unit                           | Unit Address   | Unit Phone # |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
|  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Check One:</td> <td>Check One:</td> </tr> <tr> <td>Army <input type="checkbox"/></td> <td>Active Duty <input type="checkbox"/></td> </tr> <tr> <td>Air Force <input type="checkbox"/></td> <td>Reserve <input type="checkbox"/></td> </tr> <tr> <td>Marines <input type="checkbox"/></td> <td>National Guard <input type="checkbox"/></td> </tr> <tr> <td>Navy <input type="checkbox"/></td> <td>If Guard, which state? _____</td> </tr> <tr> <td>Coast Guard <input type="checkbox"/></td> <td></td> </tr> </table> | Check One:   | Check One: | Army <input type="checkbox"/> | Active Duty <input type="checkbox"/> | Air Force <input type="checkbox"/> | Reserve <input type="checkbox"/> | Marines <input type="checkbox"/> | National Guard <input type="checkbox"/> | Navy <input type="checkbox"/> | If Guard, which state? _____ | Coast Guard <input type="checkbox"/> |  |  |
| Check One:   | Check One:                              |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Army <input type="checkbox"/>  | Active Duty <input type="checkbox"/>    |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Air Force <input type="checkbox"/>   | Reserve <input type="checkbox"/>        |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Marines <input type="checkbox"/>   | National Guard <input type="checkbox"/> |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Navy <input type="checkbox"/>  | If Guard, which state? _____            |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Coast Guard <input type="checkbox"/>   |   |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Family Services Officer (FSO) Name   | Phone #                                 |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
|  |   |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| Family Services Officer signature*   |   |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |
| *By signing this form, you verify that the person stated above is on an active duty status and the emergency meets the criteria. |   |  |              |            |                               |                                      |                                    |                                  |                                  |   |                               |                              |                                      |  |  |

|   |              |         |  |   |  |  |  |
|---|--------------|---------|--|---|--|--|--|
|   |              |         |  |   |  |  |  |
| VFW Department or Post                      | Contact Name | Phone # | Post Address: Street, City, State, Zip   |   |  |  |  |
|   |              |         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Amount of Funds Donated by Department/Post:</td> <td style="width: 50px;"></td> </tr> <tr> <td>Amount of Funds Requested from National:</td> <td style="width: 50px;"></td> </tr> </table> | Amount of Funds Donated by Department/Post: |  | Amount of Funds Requested from National: |  |
| Amount of Funds Donated by Department/Post: |              |         |  |   |  |  |  |
| Amount of Funds Requested from National:    |              |         |  |   |  |  |  |
| Department or Post CMDR signature*          |              |         |  |   |  |  |  |

\*By signing this form, you verify that the person stated above has either been verified by the FSO or that the VFW Department or Post has verified that the emergency meets the criteria. If Department or Post funds are also provided, please attach a copy of the funding document.

Nature of Emergency (please attach documentation for which application is being made; utility bills, housing costs, etc.)

**Acknowledgement I**  
To facilitate compliance with IRS regulations, the VFW Military Assistance Program will require the Social Security Number (SSN) of the applicant. The SSN will not be disclosed to any other source nor used for any other purpose.

**Acknowledgement II**  
These funds are awarded to the above listed service member or their designated family member as emergency aid, not to be used for any other purpose than the intent of the described request.

All requests will be verified through (1) the service member's Family Support Office Coordinator, (2) the VFW Department or Post Commander or Adjutant, and (3) the Director of the Military Assistance Program.

Acceptance of this application for assistance is not a guarantee of eligibility, nor is it considered an approval for the distribution of funds.

For a listing of your nearest VFW point of contact for emergency aid,  
contact the VFW Military Assistance Program (MAP) at (816) 756-3390, ext 211 or fax (816) 968-2728.