



Wisconsin VFW Foundation Inc.- Grant Application
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Wisconsin VFW Foundation Inc. 2024 Grant Application

Date Submitted: _____

Organization Submitting:

Name: _____

Address: _____

Point of Contact:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Federal ID: _____

Is organization a 501c3: (circle one) YES / NO

If not a 501c3, what is non profit status: _____

Organizational Information:

Fiscal Year: _____

Number of employees: _____

Number of volunteers: _____

Reserve Funds: _____

Amount Requested: _____

Name of Applicant: (Printed) _____

Signature of Applicant: _____

Incomplete applications will not be considered.