Cancer Grant Application

Instructions:

* Member must meet eligibility requirements below.
* Member and Physician sections must be completed **legibly** and in its **entirety.** If member is unable to sign, a Power of Attorney (POA) may sign. If POA signs, then POA documentation must be submitted.
* If the member is deceased, next of kin may submit application with documentation of proof of death such as obituary, doctor's letter, death certificate, etc. Application and proof of death must be received at VFW Auxiliary National Headquarters within 30 days of member's passing.
* Grants will ONLY be made payable to the VFW Auxiliary member.
* Do NOT send any other supporting documents, as it will not be considered.
* **Mail** original, completed application to:

VFW Auxiliary National Headquarters
Attn: Cancer Grants
406 West 34th Street, 10th Floor
Kansas City, MO 64111

Eligibility Requirements:

1) Applicant must be a member of the VFW Auxiliary for one (1) full year and current dues must be paid.
2) After twelve (12) months have passed from date of diagnosis or last treatment, application will be rejected.
3) A member is allowed two grants during lifetime.

Twelve (12) months must elapse between new diagnosis and/or treatment from date of first grant. Continuous treatment which lasts beyond the twelve (12) month period may qualify for a second grant.

THIS SECTION IS TO BE FILLED OUT BY MEMBER	THIS SECTION IS TO BE FILLED OUT BY ATTENDING PHYSICIAN
Membership ID #	Type of cancer diagnosed
Auxiliary Post #	Date diagnosed with this cancer (MM/DD/YYYY)
Member's Name (as shown on membership card)	Date of most recent/last cancer treatment (MM/DD/YYYY)
Date of Birth (MM/DD/ YYYY)	Physician's Office / Hospital Name
Email Address	Phone Number
Phone Number	Physician's Name
Street Address	Street Address
City, State and ZIP Code	City, State and ZIP Code
Member's Signature	Physician's Signature
Date Member Signed (MM/DD/YYYY)	Date Physician Signed (MM/DD/YYYY)

By submission of this application, you grant authority for the VFW Auxiliary to contact the attending physician. If grant is approved, funds must be deposited within six months or the grant is forfeited. REV. 8/24