

Veterans of Foreign Wars of the United States
Department of Arizona
Hospital Grant Application

The purpose of this Grant is to benefit veteran patients in VA Medical Centers, VA Clinics, State Veterans' Homes, Rehabilitation Facilities or Homeless programs sponsored by the VA. Other types of care facilities that serve or house veterans will be considered on a case by case basis.

\$250 is the Maximum Grant Amount that will be disbursed per Auxiliary per year.

Email Hospital Grant Application to Hospital Chairman Pat Stinson (plstin@yahoo.com) and Department Treasurer Kim Sloan (auxvfwarizona@msn.com).

Auxiliary # _____ Auxiliary Contact Name _____

Contact (Cell Phone / Email) _____

Amount Requested \$ _____

Project / Donation Description

What is the estimated completion date? _____

The Auxiliary should ensure that veterans are informed that the project or donation was provided by the VFW Auxiliary whenever appropriate. This may be accomplished through signage, printed materials, verbal acknowledgment, or other suitable recognition.

Auxiliaries are encouraged to partner with other auxiliaries in the area to better serve veteran patients in your community on larger projects. But each Auxiliary must complete the Hospital Grant Application, report to the Hospital Chairman upon completion of the project and submit receipts to the Department Treasurer.

When the project has been completed, the Auxiliary must report the following information to the Hospital Chairman:

- **Date Project completed** _____
- **Approximate number of veterans who benefited** _____
- **Copies of all receipts must be emailed to the Department Treasurer Kim Sloan (auxvfwarizona@msn.com)**