

**SONS OF AMVETS**  
**NATIONAL HEADQUARTERS**  
**1395 E. Dublin Granville Rd. Suite #115 Columbus, OH 43229**

**VAVS GRANT**

EACH YEAR THE SONS OF AMVETS REPRESENTATIVES  
AT VA HOSPITALS / MEDICAL CENTERS, COMMUNITY BASED  
OUTPATIENT CLINICS, AND STATE RUN VETERANS HOMES...  
MAY APPLY FOR A GRANT OF UP TO \$ 100.00

GRANTS ARE GIVEN FOR PROGRAMS / PROJECTS BY THE SONS OF AMVETS  
REPRESENTATIVE FOR THE BENEFIT OF THE VETERANS AT THE FACILITY.

GRANTS ARE ALSO GIVEN TO HELP THE SONS OF AMVETS FACILITY  
REPRESENTATIVE WORK JOINT PROGRAMS WITH  
OTHER VETERANS / COMMUNITY ORGANIZATIONS.

THIS GRANT IS AVAILABLE TO EACH FACILITY REPRESENTATIVE ONLY ONCE  
EACH YEAR.

WITHIN 30 DAYS OF THE EVENT...  
A DETAILED REPORT ON THE PROJECT MUST BE SUBMITTED TO THE  
NATIONAL SONS OF AMVETS VAVS REPRESENTATIVE.  
EXAMPLE: DO NOT REPORT: "HELD A DINNER"  
DO REPORT: "HELD A STEAK DINNER AT BAY PINES VA.  
256 HOSPITALIZED VETERANS WERE SERVED.  
PROGRAM WAS JOINT WITH VFW & DAV.  
MONEY FROM GRANT HELPED WITH COSTS OF FOOD, CHARCOAL AND DOOR  
PRIZES FOR THE VETERANS SERVED.

**SHOULD YOU FAIL TO REPORT, YOU WILL NOT RECEIVE FURTHER GRANTS.**

APPLICATION FOR GRANT OPPOSITE SIDE OF THIS SHEET.

**I HAVE READ THE REPORT REQUIREMENT ABOVE.**  
**I AGREE TO MAKE THE REPORT, WITHIN 30 DAYS FOLLOWING**  
**THE EVENT I HAVE REQUESTED FUNDS FOR:**

SIGNATURE OF REPRESENTATIVE \_\_\_\_\_

**NATIONAL SONS OF AMVETS  
VAVS ASSISTANCE PROGRAM**

PLEASE ALLOW 4 WEEKS FOR PROCESSING, AFTER MAILING

DATE OF PROGRAM: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

ADDRESS OF FACILITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR PROGRAM IN DETAIL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME & ADDRESS OF SONS MEMBER IN CHARGE, OFFICE (IF HELD), SQUADRON

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF FACILITY REPRESENTATIVE REQUESTING FUNDS AND RESPONSIBLE FOR REPORT WITHIN 30 DAYS  
AFTER EVENT

\_\_\_\_\_  
SIGNATURE FACILITY ACTIVITIES DIRECTOR OR ASSISTANT

\_\_\_\_\_  
TITLE

Please mail completed form to: National Sons of AMVETS Headquarters  
1395 E. Dublin Granville Rd., Suite #115  
Columbus, OH 43229

Approved by Sons National VAVS Coordinator \_\_\_\_\_

FACILITY REPRESENTATIVES MAY APPLY ONCE A YEAR FOR FUNDS UP TO \$ 100.00. AT THE  
PRESENT TIME. YOU MUST FOLLOW UP WITH A "PROJECT REPORT FORM" WITHIN 30 DAYS.  
SHOULD YOU FAIL TO REPORT, YOU WILL NOT RECEIVE FURTHER GRANTS. YOU MUST READ  
AND SIGN THE BACK OF THIS FORM.