



**SERVICE FOUNDATION GRANT APPLICATION
AMVETS LADIES AUXILIARY OHIO DEPARTMENT**

DATE _____

LADIES AUXILIARY # _____ LOCATION _____

ADDRESS: _____ PHONE () _____

NUMBER OF MEMBERS PARTICIPATING IN PROGRAM _____

NEW PROGRAM _____ CONTINUING PROGRAM _____ HOW MANY YEARS _____

CHECK CATEGORY YOUR REQUEST FALLS INTO:

CHILD WELFARE _____ COMMUNITY SERVICE _____ AMERICANISM _____

HOSPITAL _____ OTHER _____

PURPOSE OF FUNDRAISER FOR GRANT – WHAT THE FUNDS ARE BEING RAISED FOR:

DATE APPROVED BY LOCAL AUXILIARY _____

DATE PROGRAM WAS HELD: _____ APPROX. # OF PERSONS BENEFITED _____

FINANCIAL DISCLOSURE: FOOD \$ _____ RENTALS \$ _____ GIFTS \$ _____

ENTERTAINMENT \$ _____ MISCELLANEOUS \$ _____ TOTAL COST \$ _____

(please itemize – Cancelled checks, receipts, and if you have pictures or newspapers clippings, thank-you, etc., are to be attached with application for grant and sent to Committee Chairman only)

SPECIFIC DETAILS OF PROJECT FROM START TO FINISH: (HOW YOU RAISED FUNDS)

SIGNATURE, CHAIR PERSON

SIGNATURE LADIES AUX. PRESIDENT

The Rules are explained in the Service Foundation Grant guidelines. Applications must be in the hands of the Service Foundation Committee (20) twenty days prior to Mid-Winter and June Convention.

Revised 3/08