

Date: _____

Applicant's Name: _____ Birth Date: _____

Complete
Address: _____

Phone: _____

Member of VFW Post # _____ Membership No.# _____

Total Household Income: _____ Dates of Service: _____

Branch of Service: Army Navy Marine Corps Air Force Coast Guard Space Force

Applicants Name (if different from above): _____

City, State Zip: _____

Phone: _____ Relationship to Veteran: _____

Amount of Funds Requested: \$ _____ (attach copies of bills requested with application)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Attach a separate sheet to this page describing the need for this grant, to include:

1. Statement of problem.
2. Possible solutions to the problem.
3. Other sources of assistance that have been contacted.
4. Other sources of assistance that have been received toward the solution of this particular problem.
5. If this grant application is not approved, what will be the consequences?
6. Include proof of eligibility per directions.
7. Include copies of Bills & Supporting Documentation.

Mail the Completed application to: Colorado Veterans of Foreign Wars Foundation
1400 Carr Street
Lakewood, CO 80214

Email to: VFW@vfwco.org / subject Name: Relief Fund/your last name

Mark the envelope CONFIDENTIAL

(Office use only)

Grant Received: Date: _____

Grant Approved: Date: _____ Amount: \$ _____ Checks to: _____

Approved by: _____

DIRECTORS SET GUIDELINES FOR THE
COLORADO VETERANS OF FOREIGN WARS FOUNDATION
ASSISTANCE FUND

The Colorado Veterans of Foreign Wars Foundation Assistance Fund is established to provide financial assistance to worthy Colorado Veterans of the United States Armed Forces, who are members of the Department of Colorado, Veterans of Foreign Wars of the United States and/or its Auxiliary, who have insufficient financial resources to meet a critical or emergency need for shelter, utilities, and/or health care.

Application Procedure: Any eligible person (or someone on behalf of an eligible person) may apply for a grant of funds under this program. Application forms are available from the Colorado Veterans of Foreign Wars Foundation. Applications may be requested by calling 303-421-1630.

Completed applications are to be forwarded by U.S. Mail to: Colorado Veterans of Foreign Wars Foundation, 1400 Carr Street, Lakewood, Colorado 80214. The envelope is to be marked CONFIDENTIAL.

Use of Grant Fund: Grants will be made to eligible person for the purpose of meeting an essential basic need for shelter, utilities and/or health care. Grants will not be made for items that are discretionary in nature (“wants”).

Limitations: Initially, grant application will not be approved for more than \$500.00. (This limitation may change as the fund grows.)

Grants will usually not be approved for the same veteran more than once in a lifetime. (A waiver may be considered in the case of a severe emergency.)

Grants will not be approved to help an eligible person on a continuing basis, e.g., rents, home payments, car loans, long-term illnesses, custodial care, chronic prescription drugs.

The Fund is unable to assume the total responsibility for a veteran’s major medical bills or funeral expenses.

Proof of Eligibility: The burden of proof of eligibility of the applicant for assistance from the Fund shall rest upon the applicant. Military discharge papers generally prove sufficient documentation.