

VVA BRAZOS VALLEY CHAPTER #937

Non-Profit Organization

Veteran's Assistance Application

Date _____ Interview Team _____

Name of Non-Profit Organization _____

Principal or Officer _____

Address _____ Phone # _____

Type of Non-Profit _____

Other organizations assisting _____ Verified by _____

Referred by _____ Assistance requested _____

Attach Copy of Project description and purpose

Assistance requested information

Account # _____ Name on Account _____

Payee _____ Amount \$ _____

Address _____

Approved: Amount _____ Check # _____ Date _____ Check Made to _____

Not approved: _____ Reason _____

Action requires approval of the Leadership Board and consensus of the Chapter Membership.

Confirmed by _____

Attention Applicant: Please allow 60 days for the due consideration of our Board and Membership.
