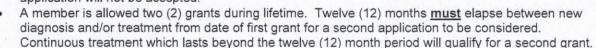
# APPLICATION FOR A CANCER GRANT

#### **Eligibility Requirements:**

- Applicant must be a member of the VFW Auxiliary for one (1) full year.
- Current dues must be paid before applying for a cancer grant.
- After twelve (12) months have passed from date of diagnosis or last treatment, application will not be accepted.



UNWAVERING SUPPORT

Application will be rejected if member has been deceased for longer than 30 days.

### Instructions:

- . Member must complete in its entirety the Member's portion of the application.
- If the member has deceased, a family member may submit this application with documentation of proof death such as obituary, doctor's letter, etc.
- Physician must complete in its entirety the Physician's portion of the application. Supporting documentation will not be considered.
- Mail completed application to: VFW AUXILIARY

ATTN: CANCER GRANTS

406 W. 34TH STREET, 10TH FLOOR

KANSAS CITY, MO 64111

### This section to be filled out by the Member

Wembership ID No.	Member's Ful	(as shown on	face of membership card)
Auxiliary No	Date of Birth	Phone No. (	)
Street Address		City	
State Zip Code	E-mail Ad	dress	
Member's or Power of Attorney	's (attach P.O.A. document) Signatur	re	Date Signed

# This section to be filled out by the Attending Physician

1.	Type of cancer diag	gnosed?			
2.	Date diagnosed with this cancer?				
3.	Most recent date of	of treatment for this cancer?			
AT	TENTION DOCTOR:		our cooperation in furnishing information pertaining to the cancer for our VFW Auxiliary member.		
Ph	ysician's Signature _	diagnosis and treatment of	cancer for our VFW Auxiliary member.  Date		