



AGSM, Inc.

Chapter Grant Application

(\$200 to be used solely to support veterans in your Chapter area.)

Name of Chapter: _____ Date: _____

Chapter President: _____ Email: _____
Signature Printed Name

Chapter Treasurer: _____ Email: _____
Signature Printed Name

Check should be made out to: Chapter name, or Member name: _____
PRINTED Member Name

Mailing Address Where Check Should Be Sent:

P.O. Box or Street Address: _____

City/State/ZIP Code: _____

• Please complete the following, for review by the Grant Committee:

What is your reason for requesting funds to help serve veterans in your area? _____
Target Date for Event: _____

What group of veterans and how many would you be directly serving? _____

How many AGSM Chapter members will be involved, and what will they do? _____

How will this project address the needs of veteran and/or military members? _____

Please list estimated cost of activity (for example: cost per person for activity, cost for food, decorations, paper goods, etc.)

Estimated Total: \$ _____

NOTE to Chapter: Retain a copy of this application for your records before submitting.

- If selected, a grant **Event Follow-up Report** will be mailed to you with your check and is **REQUIRED** to be completed within 30 days after your event. You will also receive the Photo/Media form to be used as you take photos of your event.
- The **Photo/Media Consent** form must be completed by guests, if photographing your event to be publicized. However, if the event is in a public space, there may be limited expectation of privacy, but an announcement of photo should be made.
- If photographing children, you will need a signature of parent or guardian to take a photograph of the child to publicize.

PLEASE SUBMIT THIS APPLICATION TO:

Ginger Emerson, AGSM Chapter Grant Chairman (may scan to: secretary@goldstarmoms.com)

Or mail to: 10139 West Forrester Drive, Sun City, AZ 85351

(For AGSM National Office Use Only)

Approved: _____ Date _____
AGSM Grant Committee

AGSM Grant Committee _____ Date _____

PAID: Date: _____ Check No. _____