



# *Pennsylvania Veterans Assistance Fund, Inc.*

120 Erie Avenue  
Johnsonburg, PA 15845

## GRANT REQUEST FORM

<b>Organization:</b> _____	<b>Date:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
<b>Requested By:</b> _____	<b>Amount Requested:</b>
<b>Title:</b> _____	<b>\$</b> _____
<b>Name of Project:</b> _____	

### BRIEF DESCRIPTION OF PROJECT (Please Print)

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<b>Grant is for use by:</b>
<b>Individual Name:</b> _____
<b>Group:</b> _____
<b>Requested Method of Payment:</b>
<input type="checkbox"/> Single <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<b>Payee:</b> _____
<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____

**Do Not Write Below this Line  
TO BE COMPLETED BY BOARD OF DIRECTORS**

<b>Date Received:</b>	<b>Date Paid:</b>
<b>Date Approved:</b>	
<b>Amount Approved: \$</b>	<b>Check #:</b>