

**DEPARTMENT OF MINNESOTA VETERANS OF FOREIGN WARS**

**CHARITABLE ASSOCIATION**

**MILITARY FAMILY VEHICLE DONATION APPLICATION**

***Complete all fields and send to:*** Department of Minnesota VFW Charitable Association

 Rice Street Station PO Box 17146, St. Paul, MN 55117

Privacy Disclosure: By completing this form, the submitter understands the data provided may be used by the Department of Minnesota VFW Charitable Association; LaMettry’s Collision Glass & More; and others to determine the eligibility for the program and, if selected, in the execution of the program. Information will be kept confidential to the extent reasonably practicable.

**PROGRAM CRITERIA**

* **MUST HAVE A VALID DRIVER’S LICENSE**
* **MUST BE ABLE TO OBTAIN AND MAINTAIN VEHICLE INSURANCE**
* **HAVE A CLEAN DRIVING RECORD**
* **BE FINANCIALLY CHALLENGED**
* **DOES NOT CURRENTLY OWN A RELIABLE, WORKING VEHICLE**
* **MUST HAVE BEEN DISCHARGED FROM THE U.S. ARMED FORCES UNDER HONORABLE CONDITIONS, BE CURRENTLY SERVING IN THE ARMED FORCES, OR BE THE IMMEDIATE FAMILY MEMBER OF A QUALIFYING VETERAN OR SERVICE MEMBER**

**Name of Veteran or Family of Veteran needing assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of nominated Veteran or Family of Veteran needing assistance:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip Code ­­­­­\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominating Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Cell 🞎 Home 🞎 Work**

**Email: \_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post: \_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date** (mm/dd/yyyy)**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

***Please check all that apply:***

**[ ] Member of Veterans of Foreign Wars\* [ ] Member of Auxiliary to the Veterans of Foreign Wars\***

**[ ] Veteran [ ] Combat Veteran [ ] Family of a Veteran \*Not a requirement for consideration.**

**Does candidate have a clean driving record: [ ] YES [ ] NO**

**Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does candidate own a vehicle: [ ] YES [ ] NO YEAR/MAKE/MODEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If selected, is candidate willing to sign a media consent form to share story and allow use of name and images. (Not required to be selected). [ ] YES [ ] NO**

**If selected, is candidate willing to submit to a background check? [ ] YES [ ] NO**

**MILITARY INFO**

**BRANCH/UNIT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RANK\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATES SERVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF DISCHARGE, IF NO LONGER ACTIVE🞎 Honorable 🞎 General under honorable conditions**

**🞎 Other: (Describe)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tell us why the CANDIDATE would benefit from receiving this vehicle gift. Explain any challenges or issues candidate currently experiences as a result of not having reliable transportation. Explain, if applicable, how the receipt of a vehicle will also benefit the community. Please provide as much information as candidate is comfortable sharing.**

**­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Additional documentation may be attached on a separate sheet of paper)

*Requested vetted: [Yes] [No] If so, by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Charitable Association Approval: [Yes] [No}*

*Charitable Association Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\*\* For Official Use Only \*\*