



# 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 (must provide copy of DD-214), BE CURRENTLY SERVING IN THE ARMED FORCES, OR BE THE IMMEDIATE FAMILY MEMBER OF A QUALIFYING VETERAN OR SERVICE MEMBER (must provide copy of DD-214)

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 of Service \_\_\_\_\_ Military Unit \_\_\_\_\_ Dates Served \_\_\_\_\_

Rank at time of discharge \_\_\_\_\_ Officer or Person Serving under \_\_\_\_\_

TYPE OF DISCHARGE, IF NO LONGER ACTIVE  Honorable  General under honorable conditions  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. If applicable, how will the receipt of a vehicle benefit the community. Please provide as much information as the candidate is comfortable sharing.

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

<p>Requested vetted: [Yes] [No] If so, by whom: _____</p> <p>Charitable Association Approval: [Yes] [No]</p> <p>Charitable Association Signature: _____ Date: _____</p>
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