

Department Special Project



Mary Ryan Sandman

176 Patty Bowker Rd.

Tabernacle, NJ 08088

(609) 456 - 1774

maryryan.nj11@gmail.com

Traditionally the Department President's Special Project can be a project that has special meaning or it can be a business, project or non-profit that they feel could best benefit with our help.

For the last year, you've heard about Department President Gloria Lisicki's Cancer story.

It should come as no surprise that Department President Gloria Lisicki has chosen for her Special Project Cancer Research, more specifically Pediatric Cancer Research.

The three most feared words anyone can hear are "You have Cancer". The four most feared of any parent are "Your child has Cancer."

You know about my family's history with Childhood Cancer. No Child should have to worry about treatment regimes. The only thing a child should have to worry about is what show/movie to watch next, which Barbie ® should I bring to school, learning the three R's.

All monies raised this year will be donated to Rutgers Cancer Institute - Pediatric Cancer Research.

This year, I will be teaching you about all of the Cancer Awareness Ribbons. Each month I will be highlighting the Awareness Months - some are Cancer related and some are Health related. I will also be telling you about all that's being done at the Rutgers Cancer Institute in the name of Pediatric Cancer Research.

Now, I have a favor for the members of this Department. Tell me your Cancer Story - you may be featured in a future promotion.

REMEMBER: ALL DONATIONS GO DIRECTLY TO THE DEPARTMENT OF NEW JERSEY TREASURER.

Cancer Grant Application

Instructions:

Member must meet eligibility requirements below.

- * Member and Physician sections must be completed **legibly** and in its **entirety**. If member is unable to sign, a Power of Attorney (POA) may sign. If POA signs, then POA documentation must be submitted.
- * If the member is deceased, next of kin may submit application with documentation of proof of death such as obituary, doctor's letter, death certificate, etc. Application and proof of death must be received at VFW Auxiliary National Headquarters within 30 days of member's passing.
- * Grants will **ONLY** be made payable to the VFW Auxiliary member.
- * Do NOT send any other supporting documents, as it will not be considered.
- * **Mail** original, completed application to:

VFW Auxiliary National Headquarters
Attn: Cancer Grants
406 West 34th Street, 10th Floor
Kansas City, MO 64111



Eligibility Requirements:

- 1) Applicant must be a member of the VFW Auxiliary for one (1) full year and current dues must be paid.
- 2) After twelve (12) months have passed from date of diagnosis or last treatment, application will be rejected.
- 3) A member is allowed two grants during lifetime.

Twelve (12) months must elapse between new diagnosis and/or treatment from date of first grant.

Continuous treatment which lasts beyond the twelve (12) month period may qualify for a second grant.

THIS SECTION IS TO BE FILLED OUT BY MEMBER		THIS SECTION IS TO BE FILLED OUT BY ATTENDING PHYSICIAN	
Membership ID #		Type of cancer diagnosed	
Auxiliary Post #		Date diagnosed with this cancer (MM/DD/YYYY)	
Member's Name (as shown on membership card)		Date of most recent/last cancer treatment: (MM/DD/YYYY)	
Date of Birth (MM/DD/ YYYY)		Physician's Office / Hospital Name	
Email Address		Phone Number	
Phone Number		Physician's Name	
Street Address		Street Address	
City, State and ZIP Code		City, State and ZIP Code	
Member's Signature		Physician's Signature	
Date Member Signed (MM/DD/YYYY)		Date Physician Signed (MM/DD/YYYY)	

By submission of this application, you grant authority for the VFW Auxiliary to contact the attending physician.