



Medina County Veterans Memorial Fund 501c3 Projects and Grants

Donate

The purpose of the Medina County Veterans Memorial Fund 501(c)3 is to make a difference in the lives of Veterans and or their families in times of financial need, and to promote and support Veteran's activities throughout Medina County.

Your donation stays in Medina County to help the Veterans of your community!

To make a tax-deductible donation send a check or money order to:
Medina County Veterans Memorial Fund 501(C)3
P.O Box #523
Brunswick, Ohio 44212

Projects and Grants

Projects: If you have a project that you believe supports, the purpose of the Fund (granter) contact us to see if we can help. All projects must be within Medina County. Project grants should be proposed at a quarterly meeting of the Medina County Veterans Memorial Fund.

Grants: Primarily go to veterans, widows, or eligible family members of veterans. The grant recipient (grantee) must reside within Medina County and have an Honorable or General Under Honorable Conditions Discharge (no exceptions). Grants may or may not be of monetary value, the granter may direct the grantee to outside agencies for further assistance. The granter may request certain financial or personal information needed to determine the necessity as well as the amount of the grant. The grantee must abide by all reasonable requests of the granter.

Outside agencies' applying for a grant on behalf of an individual need to complete the application on the reverse side. If you are an agency submitting the grant on behalf of someone please complete as much of the information as possible and the granter will contact the individual if necessary.

The granter can deny any application without cause for a number of reasons. The granter may or may not contact the grantee upon receipt of an application. The granter has no obligation to act on or respond to any application.



Medina County Veterans Memorial Fund 501c3 Grant Referral Form

Date:

Veterans Information

Name:

SSN:

DOB:

Address:

City:

Phone #:

Email:

Is the veteran married? Yes No

Does the veteran have children under the age of 18 living with them?
 Yes No

Is the veteran employed? Yes No

Where?

Is the veterans spouse employed? Yes No How many?

Where?

Veterans signature if Possible:

Referring Agencies Information

Referring Agency:

Referred by (name):

Phone #:

Email:

Is the veteran aware of this application? Yes No

Veterans immediate need for assistance:

Estimated cost or grant:

Please describe in your own words how, if the veteran is or is not assisted it will impact their lives and the lives of their families possibly:

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For immediate help FAX
to: (330) 722-9378