



NJ Veterans of Foreign Wars Veterans Assistance Program

Today's Date: _____

Veterans Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Best number to contact you: _____

Proof of Honorable Service:

WD 53-55/Nav Form 553 _____

DD-214 _____

Other _____ Discharged Used _____

Member of the VFW Y / N Post _____ Card # _____

Assistance Needed:

Committee Approved _____ Amount _____ Date _____

Who is check payable to: _____

Committee Denied/Reason _____

This completed form is to faxed to 609-393-3031 Attn: Ken Hagemann OR 856-232-1836 Attn: Bob Jonas
This form can also be emailed to kenh@nrvfw.com OR Mailed to: NJVFW Dept Hq,

Attn: Ken Hageman
171 Jersey St.
Trenton NJ 08611