

DEPARTMENT S.C. AMERICANISM REPORTING FORM

MAIL THIS REPORT TO:
VFW DEPARTMENT S.C.
210 GLASSMASTER ROAD
LEXINGTON, S.C. 29072



STATE AMERICANISM CHAIRMAN
CLARENCE E. HAMMETT
864.936.7545
704.472.1818

REPORT No. _____ POST/AUXILIARY No. _____ DISTRICT No. _____

REPORTING PERIOD FROM: _____ TO _____ MEMBERSHIP GROUP _____

PATRIOTIC PROGRAMS IN SCHOOLS: This category includes such things as Veterans speaking in classrooms, presenting “*Young American Awards*” which are certificates to students who have learned the *Pledge of Allegiance to the Flag*, Flag education programs, Memorial Day and Veterans Day school programs or other school programs which your Post/Auxiliary has promoted. Note: This is also a Youth program.

No. OF PROGRAMS: _____ NAME OF SCHOOL/S: _____

DESCRIBE PROGRAM/S:

SPECIAL PROGRAMS CONDUCTED: This category includes such things as M.L. King Day, Lincoln’s Birthday, President’s Day, Armed Forces Day, Memorial Day, Flag Day, July 4th, Korean War Armistice Day, Patriot’s Day, Navy Day, Veterans Day, Pearl Harbor Day, Flag Disposal/Retirement ceremony or other programs which promotes Americanism in your community.

No. OF PROGRAMS: _____ WHAT PROGRAM/S: _____

DESCRIBE:

PLACED FLAGS AT CEMETERIES: This category includes placing of flags at gravesites on Veterans Day or Memorial Day or other appropriate days.

No. OF PROGRAMS: _____ WHAT CEMETERIES: _____

DESCRIBE:

CONDUCTED A BUDDY POPPY DRIVE: *To assist Veterans and their families*

No. OF PROGRAMS: _____ WHERE CONDUCTED: _____

DESCRIBE:

- ◆ **PARTICIPATED IN DECEASED VETERAN'S FUNERAL:** This category includes your Post providing an Honor Guard, Pall Bearers, Flag Folding/Presentation, Bible Presentation or attending funeral.

No. OF FUNERALS: _____ DESCRIBE:

- ◆ **UNITED STATES FLAG OR P.O.W./M.I.A. FLAG PRESENTED:** This category includes presenting flags to Schools, your Community, Churches, Fire Departments, Aging Veterans, Nursing Homes etc.

No. of U.S. Flag/s _____ POW/MIA FLAG/S _____ PRESENTED TO: _____

- ◆ **VFW/AUXILIARY IN A COMMUNITY PARADE:** WHAT PARADE: _____
DESCRIBE:

- ◆ **CONDUCTED a "Get Out The Vote" PROGRAM:** DESCRIBE:

- ◆ **PARTICIPATED IN JR/SR ROTC,CAP, MAP, N.C. YOUTH/MILITARY PROGRAM/S.:**
DESCRIBE:

- ◆ **LETTERS TO ACTIVE DUTY SERVICEMEN/WOMEN:** No. LETTERS WRITTEN: _____

- ◆ **PLAQUES, FLOWERS, GET WELL CARDS TO HOSPITALIZED/SICK/SHUT-IN VETERANS**
DESCRIBE:

- ◆ **PARTICIPATED IN A MILITARY SUPPORT GROUP, MAP OR UNMET NEEDS PROGRAM**
DESCRIBE:

- ◆ **"DEPLOYMENT/WELCOME HOME" POST/AUXILIARY/COMMUNITY ACTIVITY**
DESCRIBE:

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- ◆ IF THERE IS ANOTHER CATEGORY WHICH IS NOT DESCRIBED HERE, PLEASE DESCRIBE ON A SEPARATE SHEET.

SUMMARY:Total Projects this Report: _____ Total Monies Spent: \$_____ Total Members: _____

Total No. Hours: _____ Total Mileage Expense (Total miles X .14 cents per mile): \$_____

Post Americanism Chairman: _____ Address: _____

City: _____ S.C. Zip: _____ Phone: _____ e-mail: _____