

# VFW's SVA MENTAL HEALTH STAND-TO REPORTING FORM



**SVA Chapter Name:**

**School Name:**

**SVA Chapter Point of Contact:**

**Number of Chapter Members:**

**Event Location:**

**City:**

**Date of Event:**

**State:**

**Time of Event:**

**Zip:**

**Attendees (#):**

Please list details about the Mental Health Stand-To event that you completed, to include: type of event held, specifics about the project and how it was completed, if any VFW or SVA leadership was present, if any sponsors or partners participated/attended and what part they had in the event, and any additional noteworthy outcomes:

**(Also include any information if the event was shared or covered on social media or by your local press.)**

Please complete this form after your event and email or fax to: Lynn Rolf, VFW national programs director.

**Email:** [LRolf@vfw.org](mailto:LRolf@vfw.org)

**Fax:** 816-968-1149

**Tel:** 816-756-3390 Ext. 6116