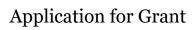


SONS OF CONFEDERATE VETERANS

ARKANSAS DIVISION





Date:	Amount of Funding Requested:
Camp Name:	Camp Number:
Contact Person:	Phone:
Mailing Address:	
City:	, Arkansas Zip Code:
Project or Program Name:	
Total Cost of Project/Program:	
Amount of Money on Hand for Project/Progra	am:
Recurring annual costs for Project/Program:	
Source of funding for recurring annual costs?	
Justification for Arkansas Division License Plate Funds	s:
	derate Veterans license plates will be used for the eterans history, i.e. historical markers, education, nonor these veterans of Arkansas.
Reviewed by: Division Heritage Operations:	
Division Commander:	Division Adjutant:
Denied: Approved:	Amount: