



APPLICATION

Acknowledgement:

Your application is meant to provide a demographic and factual history of your service, experiences and current situation. It is also meant to highlight who you are and your passion for motorcycling. In your absence, it serves to speak for you and should be completed in detail with integrity, honesty and accuracy.

By completing and submitting this form, you acknowledge that all information shared in the process may be used respectfully for communication purposes by the organization if selected. We believe there is immense benefit in sharing our recipient's stories as they promote individual healing, enhance support networks and serve to educate our public on the issues facing our Veterans.

Instruction:

In order for you to have a clear understanding of our criteria and process, it is important you review our website page "Application & Selection" and the PDF Document: Application Process *prior to completing* the application itself.

The Application, Consent and Waiver must be printed off from each of the PDF links found on our website. *You must click on each PDF button to open and print off the document.* The three documents are to be manually completed in ink and signed. Print legibly and within the space provided. All areas are considered required information, unless non-applicable, and subject to verification.

To assist in our review, *photocopies* of the following supporting documentation are required:

- All DD 214s, amended DD 215s, discharge papers and separation documents within your possession,
- V.A. Disability Compensation Award Letter(s), in their entirety, showing proof of all service-connected disabilities, ratings and allowances,
- Valid Wisconsin drivers license showing motorcycle endorsement,
- Most recent W2 and/or Personal Income Tax Return filed with the IRS in the previous tax year.

A checklist to assist your submission follows the application. All required components *must be received with a postmarked date no later than **March 24, 2019.*** Late arrivals will not be considered.

Approval:

I have read the application statements and process, agree, and will submit an accurate reflection of my military and personal life. I understand that the failure to provide all required components and documents may eliminate my application from the review process.

Applicant Printed Name

Signature

Date

A VETERAN & RESIDENCY

Application Completed by: **Myself, The Veteran** or **Another on Veteran's Behalf *and with Their Involvement***
(Nominator Must Also Complete Section B)

1	Last Name:	First Name:	M.I.
2	Date of Birth:	Place of Birth:	Age: Sex:
3	Maiden/Former Name:		
4	Marital Status (circle one): single married divorced widowed		
	Spouse/Significant Other (if applicable)		Their Phone Contact:
	Closest Local Contact (if no spouse)		Their Phone Contact:
5	Email Address:		
6	Children's Names & Ages:		
7	Occupation:		
	For the below, list non-base/stationed residences for yourself/family while serving to show WI residence history		
8	Current Address:		
	City:	Zip Code:	
	Number of years at this address:	Own	or Rent
	Phone: H:	Cell:	
9	Prior Address:		
	City:	Zip Code:	
	Number of years at this address:	Own	or Rent
10	Prior Address:		
	City:	Zip Code:	
	Number of years at this address:	Own	or Rent
11	Prior Address:		
	City:	Zip Code:	
	Number of years at this address:	Own	or Rent
12	Number of years as a Wisconsin resident BEFORE joining the Service?		
13	Total number of years as a Wisconsin resident?		
14	There is NO history of a criminal record: Yes, I agree or No, with explanation:		

B NOMINATOR'S INFORMATION, if applicable

(Veteran's completing this on their own behalf may skip to Section C)

15	Last Name:	First Name:	M.I.
16	Address:		
	City:	State:	Zip Code:
17	Phone:	Email:	
18	Relationship to Veteran:	Years Known:	
19	Why are you nominating this Veteran?		

C SERVICE INFORMATION

20	Date Entered Service:					
	Complete the applicable section:					
21	U.S. ARMED SERVICES BRANCH (circle one):	Air Force	Army	Coast Guard	Marines	Navy
a	Beginning Grade/Rank/Title:					
b	Dates/Locations of Tours of Duty:					

c	Specialized Training/Education:					
d	Date Separated from Active Duty:			Total Years in Service:		
e	Separation Grade/Rank/Title:			Total # Promotions:		
f	Type of Discharge:					
g	Reason for Separation:					
h	Join the Reserves or Guard? No or Yes (complete below applicable section)					Date Entered:
22	RESERVES (circle one): Air Force Army Coast Guard Marines Navy Date Entered:					
a	Beginning Grade/Rank/Title:					
b	Dates/Locations of Deployment:					
c	Specialized Training/Education:					
d	Total Years in Service:		Total # Promotions:		Date of Separation:	
e	Rank at Separation:					
23	NATIONAL GUARD (circle one): Air Army				Date Entered:	
a	Beginning Grade/Rank/Title:					
b	Dates/Locations of Deployment:					
c	Specialized Training/Education:					

d	Total Years in Service: Total # Promotions: Date of Separation:
e	Rank at Separation:
24	MERCHANT MARINE Veteran Status Dae Entered:
a	Beginning Grade/Rank/Title:
b	Dates/Locations of Deployment in War:
c	Specialized Training/Education:
d	Total Years in Service: Total # Promotions: Date of Separation:
e	Rank at Separation:
ALL APPLICANTS COMPLETE THE FOLLOWING:	
25	Combat Service (circle applicable): Viet Nam Post Viet-Nam Persian Gulf Afghanistan Iraq
	Other:
26	Dates/Locations of Combat Service:
27	Role/Assignments during Combat:
28	Were you ever a Prisoner of War? No Yes
a	Dates & location of captivity:
29	List any service citations, medals, awards and other recognition received while in Service:

D SERVICE-CONNECTED INJURY EVENT, DISABILITIES SUSTAINED & LIFE IMPACT

30	Date & Location of injury:
31	Describe how your injuries were incurred, the injuries themselves and your resulting service-connected disabilities:
32	Describe your current health and the daily impact of your disabilities:
33	VA Disability Rating? No Yes Percentage/Type:
34	Are you physically capable of safely riding and managing a 2-wheel motorcycle? Yes No If no, what accommodations might you need?

E EMPLOYMENT & FINANCIAL INFORMATION

35	Income: Single Family or Multiple Family	Number of Dependents:
36	Annual Household Income (circle one):	<\$40,000 \$41,000 - \$60,000 \$61,000 - \$80,000
	\$81,000 - \$100,000 \$101,000 - \$125,000 \$126,000 - \$150,000 >\$151,000	
a	VA Monthly Disability Allowance:	or N/A
b	Monthly Social Security Allowance:	or N/A
c	Other Income Source(s):	

37	Employer(s) for the past 10 years:
a	1. Name & Location:
	Dates Employed: Position:
b	2. Name & Location:
	Dates Employed: Position:
c	3. Name & Location:
	Dates Employed: Position:
38	Describe any financial hardship currently preventing you from owning a motorcycle:
39	Received a gift of more than \$5,000 in value as a result of your Veteran status from another organization? Y N
	If yes, describe:
F MOTORCYCLE OWNERSHIP & ENTHUSIASM HISTORY	
40	Current WI Motorcycle License: Yes No #Years with a Motorcycle License?
41	Currently own a motorcycle? Yes No Year, Make & Model:
42	List all previous motorcycles owned, including Year, Make & Model for each:
43	List memberships/participation in motorcycle groups, events or other affiliations, including the years involved:
44	How is motorcycling important to you? (Veteran must complete, nominator may add separate perspective.)

G COMMUNITY CONTRIBUTIONS

44 List any work/personal achievements since becoming a Veteran:

46 List any community involvement/volunteer activities since becoming a Veteran:

47 List (3) Character/Personal References who can speak about you and your need to get back on the road:

- | | | | |
|---|-------|-------|---------------|
| a | Name: | Cell: | Relationship: |
| b | Name: | Cell: | Relationship: |
| c | Name: | Cell: | Relationship: |

H ESSAY: Tell us your story and how receiving a Harley-Davidson would impact you. (Veteran must complete, nominator may add separate perspective)



YOUR CHECKLIST FOR APPLICATION SUBMISSION:

_____ Entire **Application** printed off, completed legibly in ink, with signatures on pages 1 & 10.

_____ **Photocopies** of each of the following are required:

- All DD 214s, amended DD 215s, discharge papers and separation documents within your possession,
- V.A. Disability Compensation Award Letter(s), in their entirety, showing proof of all service-connected disabilities, ratings and allowances,
- Valid Wisconsin drivers license showing motorcycle endorsement,
- Most recent W2 and/or Personal Income Tax Return filed with the IRS in the previous tax year.

_____ **Consent Form** printed off from website and signed

_____ **Waiver/Release of Liability Form** printed off from website and signed

_____ We suggest you make a photocopy of your application packet for future reference.

_____ **Send** all of the above in an envelope with sufficient postage, **postmarked by March 24, 2019**, addressed to:
Hogs For Heroes, Inc.
822 Ondossagon Way
Madison, Wisconsin 53719

_____ **Add info@hogsforheroeswi.org to your email contacts** to help your server recognize and accept our electronic communications. You will receive an email confirming your application's receipt and an email later informing you of our decision.

Reminder: Qualified applications will remain active and considered for any subsequent gifting we offer in 2019. We will notify you electronically each time. A new application submission is required for every calendar year.

Thank you.

If your application goes no further than our review process, please know it was our absolute honor to have received your application and learned more about you. We are deeply grateful to you, and your family, for your valiant dedication to our Country and the many sacrifices made in doing so. Thank you for serving on our behalf and in honor of our great nation and enduring freedoms. We think you are heroic and wish you the best.

Peace,

Kevin and Audra Thompson

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Craig and Michelle Thompson

HOGS FOR HEROES FOUNDING FAMILY

...and a whole slew of others who showed their appreciation for the actions of our veterans by donating to this cause.