



## APPLICATION FOR WISCONSIN VETERAN CANDIDATE

### Acknowledgement:

Your application is meant to provide a demographic and factual history of service and life contributions as well as your current standing. It is also meant to highlight your character, needs and passion for motorcycling. It is intended to speak for you, and convey your story, in your absence.

By completing and submitting this form, you acknowledge that all information shared in the application process may be used respectfully for marketing and general communication purposes by the organization. Additionally, it is expected that all information has been submitted with integrity, honesty and accuracy. And finally, it is understood that our process is intended to be both supportive and defining as we seek to honor service men and women meeting our criteria and displaying valid need.

### Instruction:

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

**The Application, Consent and Waiver must be printed off from the PDF links found on our website.** They 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 the reviewing body, photocopies of the following supporting documentation will be required as a part of your application:

- \*Current Veteran Identification
- \*Every Discharge Document Form DD 214 #4, as applicable
- \*Medical documentation of specific service-connected injury/disease/disability diagnosis(es)
- \*V.A. documentation reflecting disability percentages & monthly allowance, if applicable
- \*Current Wisconsin Drivers and Motorcyclist Licenses
- \*Most recent W-2

A checklist to assist your submission follows. All required components of the application process *must be received with a postmarked date no later than [August 12, 2017](#)*. Late arrivals will not be considered.

Please assure appropriate postage. The completed application packet can be sent to:

Hogs For Heroes, Inc. 822 Ondossagon Way Madison, Wisconsin 53719.

### 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/Partner's Name (if applicable)		Their Cell/Phone Contact:
	Closest Local Contact Name (if no spouse):		Their Cell/Phone Contact:
5	Email Address:		
6	Children's Names & Ages:		
7	Occupation:		
	<b>For the below, list non-base/stationed residences for yourself/family while serving to show WI residence history</b>		
8	<b>Current Address:</b>		
	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 completing this application for the Veteran?		

**C SERVICE INFORMATION**

20	Service Number:	Date Entered Service:				
<b>Complete the applicable section:</b>						
21	<b>U.S. ARMED SERVICES BRANCH</b> (circle one):	<b>Air Force</b>	<b>Army</b>	<b>Coast Guard</b>	<b>Marines</b>	<b>Navy</b>
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	<b>RESERVES</b>	Veteran Status (circle one):	<b>Air Force</b>	<b>Army</b>	<b>Coast Guard</b>	<b>Marines</b>	<b>Navy</b>
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	<b>NATIONAL GUARD</b>	Veteran Status (circle one):	<b>Air</b>	<b>Army</b>			
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	<b>MERCHANT MARINE</b> Veteran Status					
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:					
<b>All applicants complete the following:</b>						
25	Combat Service (circle applicable):	Viet Nam	Post Viet-Nam	Persian Gulf	Afghanistan	Iraq
	Other:					
26	Dates/Locations of Combat Service:					
27	Assignment/Role during combat:					
28	Were you ever a Prisoner of War?	No	Yes	Dates & location of captivity:		
29	List any service citations, medals, awards and other recognition received while in Service:					

**D SERVICE-CONNECTED MENTAL/PHYSICAL INJURY SUSTAINED & LIFE IMPACT**

30 Date & Location of injury:

31 Describe how your injuries were incurred, the injuries themselves and your resulting service-connected diagnoses:

32 Describe your current injury/health status, the existence of continuing side-effects, if any, and their impact on your life:

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 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

VA Monthly Disability Allowance: or N/A Monthly Social Security Allowance: or N/A

Other Income Source:

37	Employer(s) for the past 10 years:
	1. Name & Location:
	Dates Employed: Position:
	2. Name & Location:
	Dates Employed: Position:
	3. Name & Location:
	Dates Employed: Position:
	4. Name & Location:
	Dates Employed: Position:

38	Describe any financial hardship currently preventing your motorcycle ownership:

**F MOTORCYCLE OWNERSHIP & ENTHUSIASM HISTORY**

39	Current WI Motorcycle License:    Yes    No    #Years with a Motorcycle License?
----	----------------------------------------------------------------------------------

40	Currently own a motorcycle?    Yes    No    Year, Make & Model:
----	-----------------------------------------------------------------

41	List all previous motorcycles owned, including Year, Make & Model for each:

42	List memberships/participation in motorcycle clubs, groups, events or other affiliations, including the years involved:

43	Describe the one most important thing that motorcycle riding/ownership gives you?

## G COMMUNITY CONTRIBUTIONS

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

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

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

a	Name:	Phone:	Relationship:
b	Name:	Phone:	Relationship:
c	Name:	Phone:	Relationship:

## H ESSAY: TELL US, IN YOUR OWN WORDS, "WHY YOU"

In the space provided below, tell us your story and how receiving a Harley-Davidson would impact you.









## CHECKLIST FOR APPLICATION SUBMISSION:

\_\_\_\_\_ Entire **Application** printed off, completed legibly, in full, and in ink, with signatures on the first and last pages

\_\_\_\_\_ **Photocopies** of each of the following:

- 1) Current Veteran Identification
- 2) Every Discharge Document Form DD 214, #4, as applicable to your career in service
- 3) Medical Documentation of service-connected injury/disease/ disability diagnosis(es)
- 4) V.A. documentation reflecting disability percentages & allowance, if applicable
- 5) Current Wisconsin Drivers and Motorcyclist Licenses
- 6) Most recent W2 (or other appropriate Income Tax Form)

\_\_\_\_\_ **Consent Form** printed off and signed

\_\_\_\_\_ **Waiver/Release of Liability form** printed off and signed

\_\_\_\_\_ All of the above sealed in an envelope addressed to:  
Hogs For Heroes, Inc.  
822 Ondossagon Way  
Madison, Wisconsin 53719

(With sufficient postage to make sure it gets to us, **postmarked by August 12, 2017!**)

**Thank you.**

**If your application goes no further than our review process, please know it was our honor to review your accomplishments. We are grateful to you, and your family, for the service you provided our country and the sacrifices you made in doing so. We think you are heroic and wish you the best.**

**Peace,**

**Kevin, Audra, Craig and Michelle Thompson**

**...and a whole slew of others who showed their appreciation for the actions of our Veterans and donated to this cause.**