



May 23, 2020

Dear Wisconsin Veteran,

Thank you for your service to our Country and the many sacrifices that entails. It is our deep respect and gratitude that drives us to work for you.

We appreciate your interest in our organization and application process. We started Hogs For Heroes as a unique way for a grateful public to support, and honor, all of our Veterans by assisting one Veteran at a time. Since starting this journey we've learned many amazing things about the Veteran community; perhaps the most important is that few Veterans consider themselves to be "heroes". That is a revered title we chose because we find you, and the sacrifices you have made, heroic. We've learned Veterans also tend to be humble and selfless and typically don't want to put themselves ahead of others, especially other Veterans. While we respect and appreciate this honorable sentiment, we ask that it not hold you back from applying for an opportunity that could enhance your healing.

Let us be clear... we are not here to give someone an award. We are here to help change the life of someone in need. The gift of a Harley provides the means by which a Veteran rider can regain the therapeutic benefits of motorcycling. And if you've ridden before, you know exactly what we are talking about. While it is true we can only choose one Veteran at a time, we hope our continued growth will allow many more to regain the freedom of the road over the years to come.

We created this nonprofit and hoped we would be successful enough to gift one Harley a year. Instead, we returned eleven Veterans back to the road in just over a three year time period. Our fundraising efforts demonstrate that a grateful public is eager to assist our Veteran's healing in this unique way. Additionally, our many conversations with Supporters across the state, including your family, Brothers and Sisters in Arms and friends, tell us they genuinely want you to regain the therapeutic benefits that owning and riding a Harley can provide. Please consider this encouragement as you weigh the decision to apply.

Admittedly, the following pages require significant information and is an involved application process. We don't do this to be difficult; instead, we believe we owe it to our supporters to gather as much information as we can in an effort to make the best decision possible. Our supporters trust us with their hard earned donations and we take that very seriously. Because we have been able to gift more than one Harley a season, submitting your application once in the calendar year allows you to be considered for each gifting we are able to do in that year. We encourage you to keep a copy of everything in the event you would like to apply again the following year.

There is no gain in chances left untaken. Take the chance and do this for yourself and the many who support you.

Ride free,

Kevin & Audra and Craig & Michelle Thompson  
Founding Family Members  
**HOGS FOR HEROES**



## 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.*

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. 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.

### 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 1) Application, 2) Consent and 3) Waiver must be printed off separately 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, discharge papers and separation documents within your possession,
- V.A. Disability Compensation Award Letter(s), in their entirety, *listing individual disabilities/diagnosis(es) and their ratings and allowance compensation.*
- 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 **June 13, 2020.*** 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.

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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	<b>Your Email Address:</b>		
6	Children's Names & Ages:		
7	Your 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>		
	<b>City:</b>	<b>Zip Code:</b>	
	<b>Number of years at this address:</b>	<b>Own</b>	<b>or</b> <b>Rent</b>
	<b>Phone: H:</b>	<b>Cell:</b>	
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:					
	<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> (circle one):	<b>Air Force</b>	<b>Army</b>	<b>Coast Guard</b>	<b>Marines</b>	<b>Navy</b> 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	<b>NATIONAL GUARD</b> (circle one):	<b>Air</b>	<b>Army</b>	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	<b>MERCHANT MARINE</b> 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:
<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	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 at time of injury:							
31	Describe how your injuries were incurred and the injuries themselves.							
a	What are the resulting service-connected injuries/disabilities?							
32	Describe the daily impact of your injuries/disabilities and your current health:							
33	VA Disability Rating?	No	Yes	Percentage/Type:	Employable?	Yes	No	
34	Are you physically capable of safely riding and managing a 2-wheel motorcycle? If no, what accommodations might you need?						Yes	No

## E EMPLOYMENT & FINANCIAL INFORMATION

35	Income:	Single (Yourself) or Multiple (Spouse/Partner)	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 (i.e. Pension/retirement/etc):		
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	What hardships are you facing that prevent you from buying & owning your motorcycle?		
39	Received a gift of more than \$5,000 in value as a result of your Veteran status from another organization?		Y N
a	When?	Explain Gift:	

## 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:



a	If you currently have a motorcycle, why are you seeking another?
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? <b>(Veteran must complete, nominator may add separate perspective.)</b>

**G COMMUNITY CONTRIBUTIONS**

44	List any work/personal achievements since becoming a Veteran:
46	List any community involvement/volunteer activities since becoming a Veteran:









## YOUR CHECKLIST FOR APPLICATION SUBMISSION:

**Please be thorough to assure your application qualifies for our Board's review and consideration.**

\_\_\_\_\_ Entire **Application** printed off and completed, with signatures on pages 2 & 12.

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

- All DD 214s, discharge papers and separation documents within your possession,
- Most recent V.A. Disability Compensation Award Letter(s), in their entirety, specifically listing:
  - \* all service connected disabilities/medical diagnosis
  - \* all ratings for your disabilities
  - \* you VA allowance amount
- 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 June 13, 2020**, addressed to:  
Hogs For Heroes, Inc.  
822 Ondossagon Way  
Madison, Wisconsin 53719

\_\_\_\_\_ **Add [info@hogsforheroeswi.org](mailto: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 and plan.

Should your situation change along the way and you no longer seek a motorcycle from us, please let us know immediately.

Reminder: Qualified applications will remain active for any gifting we offer in 2020. Each application period will allow new applicants to be equally considered alongside those previously submitted. We will notify you electronically each time as we stagger our planned giftings during the season. 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 submission and a privilege for us to have learned more about you. We urge you to consider applying again for future opportunities.

There is no gain in chances left untaken

We are deeply grateful to you, and your family, for your valiant dedication to our Country and the many sacrifices that entailed.

We will continue working to return the healing gift of motorcycling freedom to those who fought for ours...

One Bike at a time. One Hero at a time.

Know that we think you are heroic and we 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.