



April 28, 2025

Dear Wisconsin Veteran,

From the bottom of our hearts, we 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, and support, you and your healing.

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 at a time. Since starting this journey we've learned many amazing things about the Veteran community; but 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, to be heroic. We've also learned Veterans tend to be humble and selfless and typically don't want to put themselves ahead of others, especially other Veterans. And frankly, none that we've encountered think they are deserving. While we respect and appreciate the honorable sentiments, we ask that they not hold you back from applying for an opportunity that could enhance your healing and change your life's direction and relationships.

Let us be clear: *our gift is NOT an award for service. It is a tool to help change the life of someone who has been struggling with their service-connected injuries and can't afford to buy their own motorcycle.* The Harley provides the means by which Recipients regain the many therapeutic benefits of riding; and since you're a rider, you know exactly what we're talking about and what you've been missing. Although our gift is to just one individual, our Recipients aren't the only ones to appreciate the miles gained: spouses, children, families, friends, employers and communities also benefit by the Recipient's ability to heal, reconnect and reengage...all because a motorcycle reentered their lives.

When we created this nonprofit we hoped to be successful enough to gift one Harley a year. Instead, we've returned 50 Veterans back to the road in roughly eight years and look forward to starting our ninth year of gifting bikes by handing over *ten sets of keys this riding season.* The success of our fundraising shows a grateful public is eager to assist our Veteran's healing with this alternative therapy. Additionally, our conversations with Supporters across the state—including your family, Brothers and Sisters in Arms, friends and strangers—tell us they genuinely want you to regain the benefits that owning and riding a Harley can provide. Please consider this encouragement as you weigh the decision to apply for a tool that could literally change, if not save, your life.

Admittedly, our application process is hard and requires significant information, thought, and energy. We don't do this to be difficult; instead, we do it to help you release your story, and lessen the burden you carry, by writing it all down. Past Recipients and Applicants alike have told us the process was rough, but that they found it highly therapeutic and have appreciated the supportive understanding gained. Additionally, supporters trust us with their hard earned donations. We take that very seriously and gather as much information about you as we can to make the best, most impactful decisions possible. Submitting your application once in the calendar year allows you to be considered for each gifting we are able to do that year. We get more applications than we can gift bikes; and we absolutely encourage you to reapply. That says something to us; in fact, roughly 50% of our Recipients applied multiple times before being selected.

Our decisions are not about years, rank, number of deployments or medals earned; although those achievements are both admirable and impactful, it is about healing the toll your time in service has taken on your life, and that of those close to you. Every Veteran's story and need are different. Please remember that we only know what you share with us, so feel free to let it all flow out. We hope that, at a minimum, you find a release as you share private and difficult components of your life. Healing is a journey that, for many, never ends; we're here simply to help make that rough road a little smoother, provide an alternative therapy for healing, and reduce the number of Veteran suicides...one Veteran at a time.

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 Thompson and Craig & Michelle Thompson
Hogs For Heroes Founding Family Members



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, what you've been through, and subsequently struggle with, 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 program, criteria and process, review the "Application & Selection" page on our website and the PDF Document: Application Process *prior to completing* this application itself.

The 1) Application, 2) Consent and 3) Waiver must each be printed off separately from the three PDF links found on our website's Application page. They are not fillable PDF's and information will be lost if attempted. Click on each PDF button to open and print the required document for your application. The three documents are to be manually completed, legibly and in ink, and signed. 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. It is imperative you assure this documentation is provided to avoid delay in consideration or disqualification:

- All DD 214s, discharge papers and separation documents within your possession,
- V.A. Disability Compensation Award Letter(s) in their entirety, if applicable, listing your total disability rating and allowance compensation.
- V.A. Rating Decision Letter, listing individual disabilities/diagnoses and their respective ratings. (In the absence of V.A. connection, private medical documentation of diagnoses, service connection and impairment is required),
- Current and valid Wisconsin drivers license showing motorcycle endorsement,
- Most recent Income Tax Return and/or Retirement Filing 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 **May10, 2025.*** Late arrivals will not be considered. Applications will not be returned.

Approval:

I have read the application process and statements, agree, and will submit an honest and 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 **Jointly with Nominator on Veteran's Behalf and with Their Involvement**

1	Veteran's Last Name:	First Name:	Middle Name:
2	Date of Birth:	Place of Birth:	Age: Sex:
3	Maiden/Former Name: N/A or		
4	Your Email:		
5	Your Home Phone:	Your Cell:	Text? Y / N
6	Marital Status (circle one): single married divorced widowed		
a	Spouse/Partner Name:		
	Their Cell:	Their Email:	
b	Closest Local Contact (if no spouse):		Relationship:
	Their Cell:	Their Email:	
7	Children's Names & Ages:		
	For the below, list non-base/stationed residences for yourself/family while serving to show WI residence history		
8	Your Current Address:		
	City:	Zip Code:	
	Number of years at this address:	Own	or Rent
9	Prior Address:		
	City:	State:	Zip Code:
	Number of years at this address:	Own	or Rent
10	Prior Address:		
	City:	State:	Zip Code:
	Number of years at this address:	Own	or Rent
11	Prior Address:		
	City:	State:	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:		

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 Service in Reserves:		Total # Promotions:		Date of Separation:			
e	Rank at Separation:							
f	Type of Discharge:							
g	Reason for 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 Service in Guard:	Total # Promotions:	Date of Separation:			
e	Rank at Separation:					
f	Type of Discharge:					
g	Reason for Separation:					
24 MERCHANT MARINE Veteran Status						
	Date 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:					
f	Type of Discharge:					
g	Reason for Separation:					
ALL APPLICANTS COMPLETE THE FOLLOWING:						
25	Combat Service (circle applicable):	Vietnam	Post Vietnam	Persian Gulf	Afghanistan	Iraq
	Other:					
26	Dates/Locations of Combat Service:					
27	Role/Assignments during Combat:					
28	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 INJURY EVENT, DISABILITIES SUSTAINED & LIFE IMPACT

Veteran must complete this section. Tell us what happened and it's impact on you.

30 Date & location at time of injury:

31 Describe how your injuries were incurred and the injuries themselves.

32 What are the resulting service-connected injuries/disabilities?

33 Describe the daily impact of your injuries/disabilities and your current health:

34 VA Disability Rating? (circle one) Yes or No, I am treated by private medical staff

a If yes, Percentage VA Disability Rating Employable? Yes No

35 Are you physically capable of safely riding and managing a 2-wheel motorcycle? Yes No

a If no, what accommodations are needed?

E EMPLOYMENT & FINANCIAL INFORMATION

36	Household Income:	Single (Just Yourself) or Multiple (Spouse/Partner)	Number of Dependents:
a	Your Job:	Salary/Wage:	Hours Per Week:
b	Spouse/Partner Job:	Salary/Wage:	Hours Per Week:
37	Annual Household Employment Income , NOT INCLUDING ANY ALLOWANCES OR MONTHLY FUNDS (circle one):		
	None/Retired	<\$40,000	\$41,000 - \$60,000
	\$61,000 - \$80,000	\$81,000 - \$100,000	\$101,000 - \$125,000
		\$126,000 - \$150,000	>\$151,000
38	Additional Income (i.e. misc jobs):		
a	Monthly VA Monthly Disability Allowance Amount:	or N/A	
b	Monthly Social Security Allowance Amount:	or N/A	
c	Other Monthly Income Source & Amount (i.e. Pension, retirement, etc):		
39	Your 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:	
40	What hardships do you face that prevent you from buying/owning your motorcycle? Veteran must answer this question.		
41	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

Veteran must complete this section.

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

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

a If you currently have a motorcycle, why are you seeking another?

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

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

46 How is motorcycling important to you?

G COMMUNITY CONTRIBUTIONS

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

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

49	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, capturing your service, injury/struggle, and how motorcycling has played a role in your life. (Veteran must complete.)

50	



YOUR CHECKLIST FOR APPLICATION SUBMISSION:

Be thorough to assure your application includes all the below components to qualify for consideration.

_____ **Entire Application** printed off from the website PDF attachment, completed manually and legibly, in full, and in ink, with signatures on pages 2 & 12.

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

- _____ All DD 214s, discharge papers and separation documents to reflect your time in service,
- _____ V.A. Disability Compensation Award Letter(s) in their entirety, if applicable, *listing your total disability rating and allowance compensation.*
- _____ V.A. Rating Decision Letter, *listing individual disabilities/diagnoses and their respective ratings.* (In the absence of V.A. connection, private medical documentation of diagnoses, service connection and impairment is required),
- _____ Current and valid Wisconsin drivers license showing motorcycle endorsement,
- _____ Most recent Income Tax Return and/or Retirement Filing filed with the IRS in the previous tax year. Remember to cross out social security and routing numbers on photocopies.

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

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

_____ We suggest you make a photocopy of your entire application packet for your records and future reference. We do not return application materials.

_____ **THIS IS IMPORTANT: Send us an email before mailing to let us know your application packet is being sent to us.** This is the only way we know to watch for your mailing.

_____ **Add info@hogsforheroeswi.org to your email contacts** to help your server recognize and accept our communications. You will receive an email confirming your application's initial review and standing, and an email informing you of our decisions along the way.

_____ **Send** all of the above in an envelope with sufficient postage, **postmarked by/on May 10, 2025**, addressed to:
 Hogs For Heroes, Inc.
 822 Ondossagon Way
 Madison, Wisconsin 53719

Reminders:

1) Should your situation change along the way and you no longer seek a motorcycle from us, or you have been able to secure one on your own, please let us know immediately so as not to take an opportunity away from another Veteran.

2) Qualified applications will remain active for any gifting we offer in 2025. Each application period in that year will allow new applicants to be equally considered alongside those previously submitted that same calendar year. A new application submission is required for every calendar year.