

HONOR OUR TROOPS

A 501 (c) (3) nonprofit corporation - Tax Exempt #26-4186869

PROGRAM APPLICATION

ALL FIELDS MUST BE FILLED IN. ENTER N/A IF NOT APPLICABLE

PART I: APPLICANT INFORMATION (If you are the spouse applying, please list your name as the applicant)

Last Name	First	MI	DOB	Referred By - If friend, name of friend	
Home Address		City		State	Zip Code
Work Phone ()	Home Phone ()	Cell Phone ()		E-mail address	

PART II: SERVICE MEMBER INFORMATION

Last Name	First	MI	DOB	Rank Pay Grade Yrs of Svc	Branch of Service Select One
Mbr's Unit	Work Phone ()	Cell Phone ()		E-mail address	
Name of CO		Phone # of CO ()		E-mail address of CO	
Is member currently deployed? If yes, please provide departure and return date below: Departure Date: Return Date: # times deployed since 09/11:				PLEASE ATTACH A COPY OF THE FOLLOWING: (BLACK OUT THE FIRST FIVE DIGITS OF SSN) <input type="checkbox"/> Military ID of Applicant (Required - Front & Back) <input type="checkbox"/> Current Deployment Orders (Required - If Deployed)	

PART III: PROGRAM INFORMATION

Have you/your family received prior program services from Honor Our Troops? If yes, indicate the program service(s) received: Indicate the program service(s) that you/your family are currently requesting: <input type="checkbox"/> Emergency Financial Assistance <input type="checkbox"/> Airfare Assistance
Please describe in detail the nature and purpose of you request. You may also provide us with any additional information that you feel may be helpful for us in determining your request: (Use additional sheet(s) if necessary)

PART IV: APPLICANT'S CERTIFICATION (Please acknowledge your understanding of the following items by checking each of the boxes below):

I understand that:

- all information will be used solely for the purpose of determining my/my family's eligibility for this program
- all information will be subject to verification
- all information must be submitted on 8 1/2" x 11" sheets
- unless it is required by law or to assist in facilitating this request, my information will not be shared or sold to a third party without my written consent
- should Honor Our Troops elect to use my and/or my family member's testimonials, photo images of me and/or my family members, I/we will not be compensated for their usage
- my information may be retained by Honor Our Troops for future program notifications
- should this request be approved based upon inaccurate information, statements, omissions, or other misrepresentation that I have knowingly provided, I will be required to repay Honor Our Troops in full for all benefits made to me

By affixing my signature below, I certify that:

- the information provided on this application is true to the best of my knowledge
- if request is granted, the goods and/or services received will not be transferred or sold to a third party
- I will fully release, discharge, and hold harmless Honor Our Troops and each of their affiliates, including, but not limited to, their sponsors, volunteers, officers and directors (collectively, "Releasees") from any and all claims and liability that may arise as a result of my accepting the requested assistance
- I have read and understand the aforementioned conditions

Name of Applicant (Print Name)

Signature of Applicant

Date