

Veteran Application



Stars and Stripes Honor Flight, Inc. recognizes American veterans for their sacrifices and achievements by flying them to Washington, DC to see their memorials at **no cost**. We currently accept applications from WWII, Korean, and Vietnam veterans, as well as terminally ill veterans from all other conflicts. In order for Stars and Stripes Honor Flight, Inc. to achieve this goal, guardians fly with veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. All Stars and Stripes Honor Flights depart from and return to General Mitchell International Airport in Milwaukee. **Veterans must bring a current form of government issued photo I.D. on flight day**. For further information, please contact us at (262) 238-7740 or visit us at www.starsandstripeshonorflight.org.

YOUR NAME: _____ **NICK NAME:** _____
(Please List Your First, Middle & Last Name as it appears on your photo I.D.) (If Applicable)

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ **WEIGHT:** _____ **DATE OF BIRTH:** _____

GENDER (circle one): M F **SHIRT SIZE (circle one):** S, M, L, XL, XXL, XXXL _____

HAVE YOU BEEN PART OF AN HONOR FLIGHT BEFORE? YES _____ NO _____

PRIMARY EMERGENCY CONTACT INFORMATION *(someone available the day you travel):*

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

NON-SPOUSE ALTERNATE EMERGENCY CONTACT *(son, daughter, etc):*

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

EMAIL: _____

VETERAN'S SERVICE HISTORY: Branch of Service *(circle one):* Army Air Force Navy Marines Coast Guard

RANK: _____ **WAR CONFLICT** *(circle one):* WWII (12/7/41 - 12/31/46) Korea (6/27/50 - 1/31/55)

Vietnam (2/28/61 - 5/7/75) Other: _____

DATES YOU SERVED ON ACTIVE DUTY: _____

ACTIVITIES DURING MILITARY SERVICE (MOS): _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT NEEDED DURING THE TRIP.

Do you use a wheelchair on a regular basis? YES _____ NO _____

Do you use oxygen at any time? YES _____ NO _____ If YES, you will need your private physician to write a prescription for oxygen. You will need your oxygen supplier to provide you with a portable oxygen concentrator to bring with you to use on the plane. Oxygen will be provided for you while touring in Washington DC.

Guardian Preference: _____ **Relationship:** _____

NOTE: In order to serve as a guardian, applicants must be between 18-64 years of age and one generation (15 years) removed from their veteran. Applicants between 65-69 years of age may be considered with a medical review from one of our doctors. In addition, spouses and significant others may not serve as guardians. Guardians should be intellectually, physically and emotionally capable of caring for their veteran.

Stars and Stripes Honor Flight, Inc., reserves the right, at its sole discretion, to refuse, deny or reject any applicant or application for any reason at any time from participating in our mission.

SIGNATURE: _____ **DATE:** _____/_____/_____

*By signing this document, you attest that you are the person named in this application (or their authorized representative) and that the information provided is true and accurate.

Please mail this form to: Stars and Stripes Honor Flight, Inc.
ATTN: Applications
P.O. Box 526
Port Washington, WI 53074-0526

Or fax to: 262-546-5656

Or scan and e-mail to: sshfw@gmail.com