

APPLICATION FORM: Please fill out this form and email it to the address above. We will contact you within 24 hours

Last Name				Middle Name			
First Name				Home/Mailing Address			
Home/Mailing Address (continued)				City			
State				Zip Code			
Phone	- - -			Cell Number	- - -		
Gender				Birth Date	mm/dd/yyyy		
Marital Status				Spouse's Name			
Do You Have Children	Yes	No	N/A	How Many?			
U.S. MILITARY BACKGROUND							
Are You Still on Active Duty?	Yes	No	N/A	Most Recent Discharge Date:	mm/dd/yyyy		
Branch of Service:				Did You Receive an Honorable Discharge?	Yes	No	N/A
Are You in the Reserves?	Yes	No	N/A	Name of Your Reserve Unit:			
Date of Your Last Deployment?	mm/dd/yyyy			Location of Your Last Deployment?			
What Conflicts Did You Serve During Your Service?				How Many Total Tours of Duty?			
Do You Have a Valid DD-214?	Yes	No	N/A				
List Awards Received During Your Service.				Combined Years in Service:			
Last Held Rank/Current Rank:				Last Duty Station:			
DISABILITY STATUS							
What Injuries Did You Sustained?				Dates of Injuries Sustained	mm/dd/yyyy		
Were You MedEvac from Battle?	Yes	No	N/A	Were You Diagnosed With a Traumatic Brain Injury?	Yes	No	N/A
Total Combined Disability Rating From DOD	Yes	No	N/A	Are You Receiving at Least 30% Disability?	Yes	No	N/A
Are You Medically Retired?	Yes	No	N/A	Were You Diagnosed with PTSD?	Yes	No	N/A
Are Your Injuries Combat Related?	Yes	No	N/A	Do You Collect Traumatic Servicemember's Group Life Insurance?	Yes	No	N/A
Are you collecting retirement from the DOD?	Yes	No	N/A	Are You Collecting Combat Related Special Compensation?	Yes	No	N/A
FINANCIAL STATUS							
Are You Employed?	Yes	No	N/A	If Married, Is Your Spouse Employed?	Yes	No	N/A
Are you experiencing financial difficulty?	Yes	No	N/A	If Married Is Your Spouse a Full-Time Caregiver?	Yes	No	N/A
Do You Have Obligations You Are Unable To Pay?	Yes	No	N/A	If so, List Them:			
Have you Received Any Aid From Other Organizations?	Yes	No	N/A	If so, What Organizations & What Type of Aid?			
EDUCATION STATUS							
Are You a Student?	Yes	No	N/A	Are You Receiving Any Federal Educational Assistance	Yes	No	N/A