

VETERAN APPLICATION FORM

Please fill out this form carefully and note all required items. If you have any questions or require assistance you may call (518) 534-4033 for help. If you are uncertain about dates please just use the years, for instance your dates of service.

Military information is very important and we do require a copy of your DD-214 be included. If you do not have a copy please call the above number and we will assist in obtaining your documents for the National Records.

In addition to the fields on this form you are requested to provide the following:

- A brief financial disclosure form [at the end of this form]
- Three [3] character references from people who know you well.
- MOST IMPORTANT: The determining factor for a Veteran being selected to receive a flagpole in their honor from American Heroes will often come down to the letter you provide stating what this flagpole would mean to you. Take your time and be as direct as you can about this personal information.

Thank you from the Staff and Officers of American Heroes Flagpoles Foundation for taking the time to complete this application, and thank you for your service and sacrifice for our Nation.

With my deepest respect and appreciation,

Daniel L. Kaifetz

Daniel L. Kaifetz Director and Founder AMERICAN HEROES FLAGPOLES

GENERAL INFORMATION:		Home phone: []
FULL NAME:		
D.O.B. :	//	AGE: GENDER:
ADDRESS:	Street	
City:		, STATE ZIP:

Do you:	[_] Own your own home [_] Rent [_] Assisted Living
	[] Other:
If awarde	d do you : [] Plan to keep your flagpole on your property
	[] Plan to have your flagpole located at a public or military location (i.e. Park, School, Memorial, etc.)
If you car	n no longer live at your present home in the future do you agree to allow

If you can no longer live at your present home in the future do you agree to allow the Foundation to have your flagpole moved to a public location ? [__] Yes [__] No

Do you agree to provide the necessary maintenance and care of your flag and flagpole:

[__] Yes [__] No <u>NOTE</u>: We maybe to assist with this through a local veterans organization such as the American Legion, VFW, D.A.V., AMVETS, etc.

Do your prefer a marine White yacht varnish finish or high UV clear varnish?

[__] White or [__] Varnish <u>NOTE</u>: Our white painted poles require less maintenance, approximately 10 years between refinishing vs. 5 years for varnish.

Do you feel you will require assistance for the concrete work or financial assistance to pay a contractor for the installation of your flagpole mounting base ? [__] Yes [__] No

MILITARY INFORMATION:

Dates of Service: Use years if not certain of exa	act dates: to		
Service Number:	Branch:		
Highest rank held: U	Jnit or units:		
Special Forces, Recon, Airborne or other elite unit : [] No [] Yes			
Combat Deployments : List all with dates or years			

Are you (check all that apply):

[_] Combat Wounded

[_] Combat Disabled

[_] Combat Decorated

Please describe the circumstances, extent of injuries and/ or all combat decorations received: (you may attach separate pages if required).

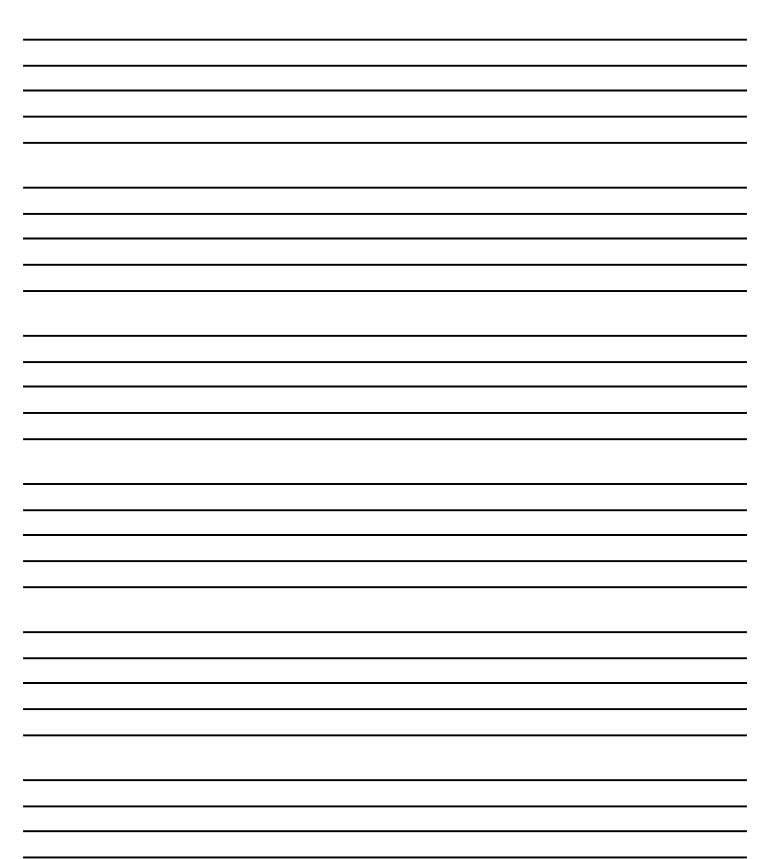
Combat wounded:

Combat disabled:

Military combat decorations and medals:

YOUR LETTER OF REQUEST TO BE CONSIDERED AS A FLAGPOLE RECIPIENT:

Please describe what this flagpole would mean to you (you may attach additional separate pages if required).



Certification :

I, (name) ______ do hereby certify that all of the information included in this completed application is correct to the best of my knowledge.

Signed:_____

Print name: ______

Date: ___ / ___ / 20____

FINAL CHECKLIST:

- \square Completed application all fields and dates
- Personal Letter to the Selection Committee
- ☑ Three [3] Letters of Reference
- \Box Copy of DD-214
- Financial Disclosure statement [below]

Why do we request a Financial Disclosure? We simply do not want to be giving away a flagpole to a corporate CEO or Bank President who could easily afford to buy one, while possibly denying another deserving veteran who could not afford one.

Financial Disclosure Statement:

I, (print name) ______ do hereby certify that my annual income from all sources generally falls in the range of:

[__] \$65,000 or under

[__] Over \$65,000 and under \$125,000

[__] Over \$125,000

Signed:

Print name: _____

Date: / / 20

Use this space or any additional sheets for more information you may wish to provide.