

VETERAN APPLICATION



This application will put you on the waitlist to fly from SIOUX FALLS, South Dakota

Midwest Honor Flight, through the Honor Flight Network, recognizes American Veterans in NW Iowa, South Dakota, NE Nebraska, and SW Minnesota for your sacrifices and achievements by taking you to Washington, DC to see YOUR memorial at no cost to you. Top priority is given to WWII and terminally ill Veterans. Midwest Honor Flight has expanded to include Korean and Vietnam Veterans as well as peacetime. For Midwest Honor Flight to achieve this goal, Guardians fly with the Veterans on every flight providing assistance and helping to ensure you have a safe, memorable, and rewarding experience.

A COPY OF YOUR DD-214 MUST BE SUBMITTED WITH THIS APPLICATION.

YOUR FULL NAME: As it appears on your ID:	First Name	it Name Middle Name			Last Name				
NICK NAME:	DATE OF BIRTH (MM/DD/YYYY):			GENDER:					
E-MAIL ADDRESS:									
MAILING ADDRESS									
CITY:	STATE	E: ZIP:	COUN	ΓΥ (not count	ry):				
PHONE: Primary:	Secondary	:	T-SHIRT SIZE	E: S M	L XL	2XL	3XL	4XL	
HOW DID YOU HEAR ABOU	T HONOR FLIGHT?								
HAVE YOU EVER BEEN ON A	AN HONOR FLIGHT	? II	F SO, WITH WHIC	H GROUP? _					
SERVICE HISTORY: BRANCH	H OF SERVICE: A	RMY MARINES	NAVY AIR	FORCE (COAST GU	JARD			
Which Era(s) did you serve durir	ng – your submitted DI	D-214 MUST match t	he dates below: (Ple	ase circle ALL	that apply)			
WWII (07 DEC 1941 - 31 D	EC 1946) PEACE	TIME (01 JAN 194	7 - 26 JUN 1950)	KOREA	(27 JUN 1	1950 – 3	31 JAN	1955)	
PEACETI	ME (01 FEB 1955 -	27 FEB 1961) V	/IETNAM (28 FE	B 1961 - 07	MAY 197	75)			
ALTERNATE CONTACT INF	ORMATION (someon	ne not traveling with y	you on flight day):						
Name:	Relation								
PHONE: Primary :		Secondary:							
Is there a Specific Guardian you	would like to fly with y	ou? What is their <u>na</u>	me and relationship	to you (NO s	pouses or s	significar	nt other	s):	
**If you have a specific Guard MEDICAL: INFORMATION DURING THE		NOT DISQUALIFY Y	OU. IT PERMITS	US TO ASSES	SS THE SU	JPPORT			
Please list any mobility equipmen	nt used:	I	Do you use prescribe	d oxygen outs	ide of sleep	oing hou	rs? YES	NO	
Please check any of the followingCancer:Congestive Heart Failure (Check DementiaRenal Disease PLEASE REVIEW CAREFULL The undersigned acknowledges and I understand that there are we governmental funding, with t	——————————————————————————————————————	nyotrophic Lateral Sc (Lou Gehrig's Dise aronic Obstructive Pu (COPD) nave applied before me and irst to fly" with priority alw	lerosis 'ase) Imonary Disease I understand that Midwes ays given to any WWII V	Stroke	ory/Pulmoi ies Veterans, : illy ill Veterar	nary Dise at no cost t n. Failure t	to them wi	ely fill	
out the entirety of this application government issued photo I.D		_		_		must bring	a current	TOTIN OF	
SIGNED:				DA	TE:	_/	/		
	(Applying Veteran	Signature)							