



Application Form
Helping a Hero's
Wounded Hero Home Program
www.helpingahero.org

Criteria To Apply:

1. Minimum 30% Permanently Disabled
2. Injured IN THEATER during Operation Enduring Freedom/Iraqi Freedom

Once you have completed the application...please do both of the following:

1. Fax completed application to 281-246-4324 or email to info@helpingahero.org
2. Mail application, Copy of DD 214 and recent photos (one of you and one of your family)to:
CSM Larry Holland, USA (Retired); 28230 Madelin Manor Lane; Spring, TX 77386

Veteran Name: _____

Address: _____

City, State Zip: _____ Email: _____

Phone Contact: _____ Mobile Phone: _____

SSN: _____ DOB: _____

Disability Rating: _____ Current Disability Income: _____

Other Income and Source: _____

Branch of Service/Rank: _____

Service Related Medals, Awards and Commendations: _____

****Use additional Paper if needed to complete the answers of any questions.**

1. Personal

a. Please let us know where you grew up. Did you participate in extracurricular activities (sports, music, community service, clubs, theatre, etc...) in high school and/or college? If so, what were they?? Please help us get a glimpse into your life growing up and before your service in Operational Enduring Freedom or Operation Iraqi Freedom:

c. What specific needs do you have as far as equipping the home to allow you to function?

6. Rotary:

a. Are you familiar with Rotary? If so, how?

b. Are you familiar with Helping a Hero?

c. Have you received any support from other organizations due to your service in Iraq/Afghanistan? If so, what?

If you were selected as a home recipient, would you be willing to share your story with others and speak to groups about your story and help us help others who are severely wounded??

I certify that all information contained in this application is true to the best of my ability. I submit this application in consideration of the Wounded Hero Home Program and the Community Shower Gift Card program.

Signature of Wounded Veteran

Date

If you are selected as a home recipient, your name will be released to the media and there will be media following the home award process. Do we have your consent to release your name and story to the media when the home is awarded?

_____ Yes, you have my permission to use my name and story for media purposes.

Signature of Wounded Veteran

In the event we have other organizations we think could be of assistance to you based on your application, may we contact them on your behalf and share information from your application?

_____ Yes, you have permission to release my application to other 501(c)(3) organizations that may be of assistance to me.

Signature of Wounded Veteran

References—please introduce us to 2 people who know you and tell us about their relationship to you... We prefer that at least one of your references knew you both before and after your service in the military...:

1.Name _____ Phone: _____

Address: _____

Email: _____

Relationship to you: _____

Tell us a little about your reference?

2.Name: _____ Phone: _____

Address: _____

Email: _____

Relationship to you: _____

Tell us a little about your reference?
