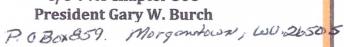


THE WEST VIRGINIA AGENT ORANGE PROJECT c/o VVA Chapter 306 President Gary W. Burch





C-MAN - garysechees3b@yahoo,com

THE VETERAN'S APPLICATION

THE VETERAN'S APPLICATION							
Please type or print clearly. The A copy of this Veteran's DD-214	is application mu	st be completed	l with no	informat	ion miss	ing.	
address above. NOTE: Any miss	sing information	and for missing	DD-214	will autor	naneu to	roject	
your application.	ang moi mation	anu, or missing	DD-214	wiii autoi	нашану	reject	
NAME			DATE of BIRTH MALE FEMALE				
ADDRESS			SOCIAL SECURITY NUMBER				
CITY		STATE		ZIP CODE			
HOME PHONE		CELL PHONE		<u>l</u>			
EMAIL ADDRESS							
BRANCH of SERVICE TIME of SERVICE		CE LOCA		CATION			
Is this Veteran able to work and provide for himself/family? YES NO							
Is this Veteran disabled and receiving assistance (Social Security, VA Compensation & Pension,							
other organization, etc.)? YES NO							
WHAT ARE THE NEEDS OF THE VETERAN?							
WINTE THE RELEASE SERVING							
For Use by WV Agent Orange Project Review Committee ONLY APPROVED? YES NO							
Date Application Received	Representing VVA Chapter P			Picture of Presenting Check			
Date Letter Sent	Amount	Check #					