

STATE OF NEW HAMPSHIRE

**GLOBAL WAR ON TERRORISM OPERATIONS BONUS
APPLICATION**

Please type or print in ink to complete all items on **FRONT AND BACK**.

1. Name _____
(Last) (First) (MI)

2. _____
(Social Security Number)

3. Of which state were you a resident when you entered active duty? _____
To qualify, applicant is required to be a resident of NH at time of entry.

4. Were you awarded either the Global War on Terrorism Expeditionary Medal, the
Afghanistan Campaign Medal, or the Iraq Campaign Medal? YES NO
Please note that the Global War on Terrorism Service Medal does not qualify.

5. Active duty entry date _____ 6. Date of discharge _____

7. Have you requested and/or received the Global War on Terrorism Bonus Payment
from another state? You are only eligible to receive this bonus once.
YES NO

8. Are you still on active duty in the armed forces of the United States? _____ If the
answer is yes, the following certification must be completed by a commissioned officer
who has the official custody of the service record of the applicant. ***Please note that the
applicant cannot verify their own record and will also need to provide a paper copy of
their qualifying medals.***

CERTIFICATION

I, the undersigned, a commissioned officer in the United States armed forces, state that I
have official custody of the applicant's service record, that I have checked the information
contained in items 1 through 7 above, and I certify that the information can be verified
against the applicant's service records. The applicant's name, rank or grade, present
assignment, and home address at the time of entry into service are as follows:

(Date) (Signature, Printed Name, Rank, and Organization of Certifying Officer)

9. I attach, and make a permanent part of my application, a copy of my "**Member 4**" copy of my DD Form 214 showing I completed service after September 11, 2001. (Copies must be actual size.)

DO NOT SUBMIT ORIGINAL SEPARATION DOCUMENTS WITH THIS APPLICATION

10. I certify that the above statements are true and correct to the best of my knowledge. Further, I understand that in the event I have knowingly and willfully made any false statements, I will be liable to punishment in accordance with applicable law.

FOR STATE VETERANS COUNCIL USE ONLY
Date App. Received _____
Verified _____
Appr/Disappr _____

(Applicant Signature - DO NOT PRINT)

(Telephone)

(Date of Application)

(Present Mailing Address – *Please provide an alternate address if you have an APO address.*)

(City) (State) (Zip)

If your mailing address is an APO address, please provide an alternate address to receive the GWOT Bonus.

PROVIDE A "MEMBER 4" COPY OF DD FORM 214

PROVIDE A PHYSICAL COPY OF YOUR MEDALS IF YOU ARE STILL ON ACTIVE DUTY

MAIL TO:

New Hampshire State Veterans Council
275 Chestnut Street, Room 517
Manchester, New Hampshire 03101-2411

If you have any questions please feel free to call us at 603-624-9230 or 1-800-622-9230
Or fax your application to 603-624-9236