

**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? \_\_\_\_\_

4. Were you awarded either the Global War on Terrorism Expeditionary Medal, the Afghanistan Campaign Medal, or the Iraq Campaign Medal? YES NO

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? 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.

**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.

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

\_\_\_\_\_  
(Applicant Signature - DO NOT PRINT)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Present Mailing Address)

\_\_\_\_\_  
(City)                      (State)                      (Zip)

**ENSURE A "MEMBER 4" COPY OF DD FORM 214 IS ATTACHED**

**MAIL TO:**

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

