

VETERAN APPLICATION

Triad Honor Flight recognizes American Veterans for your sacrifices and accomplishments by flying you to Washington DC to visit your memorial at no cost. WE are accepting applications from all veterans over the age of 65 who have served either stateside or overseas, war time or peace time. All veterans are given priority based on birth year; oldest going first. Terminally ill veterans get priority on all flights. It is our goal to provide you a safe, memorable, and rewarding experience. To help us do that, ALL veterans will be accompanied by a Guardian. If you do not have someone or that person cannot meet the expense of \$595, we will provide a Guardian to assist you throughout the day. The information contained on this application is for the use of Triad Honor Flight only and will not be shared with anyone. Please visit our website at www.triadhonorflight.org for further information about the Triad Honor Flight program. If you have questions, please call us at 336-306-8710.

Have you been the recipient of a previous	Honor Flight? □	Y DN			
NOTE: Please enter your name exactly as it ap	pears on your Photo	ID for airline travel TSA screening.			
First: Middle:		Last:			
Nickname: Date	Date of Birth:				
Address:		Apt/Unit #:			
City:	State:	Zip:			
Best way to reach you: Home:		_ Mobile:			
Email address:					
☐ Male ☐ Female Height:	Weight:				
Do you currently use mobility equipment? (check all that apply)					
☐ Cane ☐ Walker ☐ Scooter	☐ Wheelchair	☐ Wheelchair (Wide)			
Branch of service:	_ Rank:	Type discharge:			
Draft/Enlistment date:	Discharge date:				

Conflict(s):	□WWII □Lebanon/Grenada	□Korea □Panama	□Cold War □Gulf War	□Vietnam □Other
Are you a Pu	rple Heart recipient?	□Y □N		
Activity duri	ng your service period i	ncluding Duty	Assignments (write	e on back if needed):
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σ,	Contact (someone not t	J	,	
First:	Las	t:	Rela	ationship:
Daytime Pho	ne:	Email a	ddress:	
All veterans	are required to travel	with a guardia	an.	
Guardian Qu	alifications			
_	ardians must be betwe	_		
•	ses/girlfriends/boyfrie dians will pay their owi			
	• •	•	• •	vide a trained guardian for
•	rom our database of gu	•	·	•
Requested G	uardian:			
	Please enter th	neir first, middle	and last name, relat	ionship and phone # here.
How did you	hear about Honor Flig	ht?		
Greensboro, yourself – If	it this form to: Triad H NC 27419 or email you you have any questions pnorflight.org. You ma	r application s s, please call 3	to Info@TriadHono 36-306-8710 or visi	rFlight.org. Keep a copy for tour website at

NOTE: You will be notified by postal mail if you are selected for an upcoming flight.

Revised 6/14/2024