BONUS APPLICATION NO. I_____

APPLICATION FOR WEST VIRGINIA IRAQ VETERANS BONUS

FORM I-1 (TO BE USED BY LIVING VETERANS)
Before filling out this form, study it carefully. Read instructions provided and follow them. Print plainly or use typewriter. Living relatives of deceased veterans must execute Form I-2 in filing for bonus.

1a. Name of Applicant

_____
FIRST MIDDLE NAME LAST

1b. Social Security Number _____ 1c. Phone#_____

2. Address to which **CHECK** or **MAIL** is to be sent:

_____
Street or Route City or Town County State Zip Code

3. Bona Fide Residence at Entry to Service and 6 months prior thereto

_____
Street or Route City or Town County State Zip Code

4. Date and Place of Birth

_____
Date Place

5. Name under which Applicant served (if different than 1a)

_____
First Middle Last

6. Date and Place of Entry on Active Duty

_____
Date Place

7. Date and Place of Discharge or Separation

_____
Date Place

8. Branch of Service

_____

9. Has Applicant Applied for or received an Iraq bonus from any other State? YES NO
If "YES" name of State _____

10 Dates Applicant Served on Active Duty between March 19, 2003 and a date to be determined by the President or Congress of the United States as the end of hostilities.

_____ _____
Beginning Ending

11. Was Applicant Awarded Global Terrorism Expeditionary Medal for Service in Iraq? Yes No

12. Reservist ordered to Active Duty for Iraq? Yes No

13. I certify that all statements made by me hereon are true and correct to the best of my knowledge. I further understand that if I have knowingly and willfully made any false statements, I will be liable to Punishment in accordance with applicable law.

STATE OF _____
COUNTY OF _____

_____
Signature of Applicant or Legal Representative

Taken, subscribed and sworn to before me this
____ day of _____, 20___.

_____
(Notary Public or other official authorized to Administer Oaths)

My Commission Expires _____

SEAL