

Holdrege Veterans Memorial Supporting Criteria for Financial Assistance:

One of the requirements to have a name placed on the Holdrege Veterans Memorial is to have that individual's service verified. All individuals' names being placed on this memorial must meet the following requirements:

1. Must be a veteran of the armed forces (see definition below)
2. Veteran must have received an Honorable Discharge
3. Veteran must have served at least 1 day of active duty (NOT for training)
4. Must be able to provide either the DD214 or VA Form 53-55 for verification purposes

Title 38 of the Code of Federal Regulations defines a veteran as "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable."

For National Guard or Reservists, they are required to have been called to active duty, Title 10 Orders, and have completed the tour of duty with an Honorable Discharge. Basic Training, Advanced Training, summer camps, and weekend drills do not count as active duty.

The Holdrege Veterans Memorial Committee requires either a DD214 or VA Form 53-55 to help with verification of military service.

Review could take 4-5 weeks.

Applications will be accepted via mail or scanned and emailed. No cell phone or camera pictures of application or additional documents will be accepted.

The application must be complete. An incomplete application cannot be processed.

Name of Veteran Applicant: _____

Phone (Area Code): _____

Email _____

Address: _____ City/State: _____

Zip Code: _____

Are you employed? _____ If yes, where & what is your position?

Please explain why you are requesting assistance (additional questions may be asked):

Branch of Service: US Army ___ USN ___ USAF ___ USMC ___ USCG ___ Rank _____

Began active-duty date ___/___/___ Ended active-duty date ___/___/___

Signature of Applicant Recipient – Required

(Must be signed not printed or typed)

Date _____

If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:

Name of Representative Relationship _____

Telephone Number Email Address _____

Signature of Representative _____

(Must be signed not printed or typed)

Date _____

Options to Submit Application

1. Scan & Email form to: vso@phelpscone.org

Note: Pictures of application and documents taken from a phone or camera are not acceptable.

2. Mail completed form to: Travis Horner, VSO, 715 5th Ave # 1, Holdrege, NE 68949