



Wounded Warrior Application Maui Vacation

Please download and complete this application, then scan and email as attachment to:
wwwra.org@gmail.com

One of the following documents must accompany this application as evidence of your eligibility: DD 214, DD 215, Current Copy of Military ID Card

Tell us about yourself on a separate attached sheet, how you were injured, your history of Military Service, the extent of your injuries and what you are doing now, including whether you are still in the Military or you are medically retired. If you have a record from the Department of Veterans Affairs detailing your percentage of disabilities, please include it with your application.

Name: _____ Date of Birth: _____

Address: _____

Phone / Email: _____

Service: Army _____ Marine Corps _____ Navy _____ Air Force _____ Coast Guard _____

Date of entry: _____ Date of Separation: _____

Rate/Rank/Pay Grade: _____ Marital Status: _____ Spouse/Partner Name: _____

Are you medically discharged for wounds or injuries sustained in combat operations? _____

Were you awarded a Purple Heart as a result of your injuries? _____

Do you or a member of your family use a wheelchair? _____

Please note: The completion of this application does not guarantee that you will be selected. You will be notified within 90 days if you are selected to receive a vacation.