PRESTON TRAIL NSDAR OPENING DOORS FOR DISABLED VETERANS APPLICATION							
APPLICANT INFORMATION							
Name:							
Date of birth:	SSN:				Phone:		
Current addre	SS:				1		
City: State:						ZIP Code:	
Own Rent (Please circle)				How long?		-	
MILITARY MEMBER/VETERAN INFORMATION							
I served in or am presently serving in the: (Check one)							
Air Force Army		Marines		S	Navy		Coast Guard
As of the date application my (Circle one)	erves National Guard eran						
I served overseas in: (Circle all that apply)							
World War II Korea Vietnam Desert Storm Bosnia/Kosovo Afghanistan Iraq Other:							
My period of service was from to (Year only)							(Years
OTHER AGENCIES I AM WORKING WITH TO GAIN ACCESSABILITY							
Please list other agencies you are working with and how they have helped. (Red Cross, VFW, Disabled American Veterans, American Legion, VVA, etc) <i>This information will have no adverse bearing on the decision made by the</i> <i>board.</i>							
Why are you seeking help?							

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TERMS AND CONDITIONS

Please complete all signatory blocks below and return immediately. This form is essential to the review and approval process.

_____I understand that proper stewardship requires I provide information to substantiate my request, including governmental records and residence verification. This information will not be shared, it will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

_ I agree to submit 2 bids for the work as required.

_____I understand that if the Preston Trail DAR "Opening Doors for Veterans" program elects to approve my application, I will have thirty (30) days to hire a contractor and submit the bid to the Board, or the grant will be forfeited.

_____ I agree to comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I understand that Preston Trail DAR "Opening Doors for Veterans" program may require that I submit to an interview, and may request to use my name and the particulars of the grant in press and promotional efforts.

_____I agree to hold Preston Trail DAR "Opening Doors for Veterans" program, Texas Society of the Daughters of the American Revolution and the National Society Daughters of the American Revolution and their members harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss that may occur.

Please initial your preference:

_____ To help reach other veterans in need I am willing to be interviewed and featured in NSDAR news stories and publication. I understand that any photos I provide to NSDAR or Preston Trail DAR become the property of the NSDAR or Preston Trail DAR and may be used in fundraising or other publicity materials with no promise of compensation for participation.

__I do not wish to be featured in NSDAR or Preston Trail DAR publications.

Applicant Signature: Date:

Printed Name:

Return application, DD-214 and proof of Grayson Co. residence to: Preston Trail DAR, Attn: Lisa Lettie, 10 Fairway Loop Drive, Pottsboro, TX 75076 or soft copy to lisalettie@yahoo.com