



WALL STREET WARFIGHTERS FOUNDATION

ONE VETERAN AT A TIME

Wall Street Warfighters Program Application for Acceptance

The Wall Street Warfighters Foundation serves those who have sustained permanent physical and mental disability while serving in combat (post 2001) overseas.

Today's Date: _____ Date of Birth: _____

Name: _____ SSN: ____-____-____

Rank: _____

Branch of Service: Air Force Army Marines Navy National Guard Other: _____

Status: Active Duty Veteran

Name of Significant Other/Next of Kin: _____ Relationship: _____ Phone: _____

Weight: _____ Height: _____ Gender: Male Female

Disability: _____

Date Injured: _____ Where Injury Occurred (Country): _____

Cause of Injury: _____

Hospital Location: WRAMC BAMC Other: _____ Estimated Length of Stay: _____

Current Phone: _____ Cell Phone: _____ Perm. Home Phone: _____

E-mail: _____ Alt. E-mail: _____

Permanent Home Address (NOT Hospital): _____

City: _____ State: _____ Zip Code: _____

Military Medals received: _____

Name of current Employment (if applicable, include job title): _____

Education _____

Business interests and Future Goals:

How did you hear about us? (news articles, military organizations, ect..) _____

Personal Essay

Type a 3-4 page essay that addresses the following questions:

1. How has your military service shaped your outlook and perspective on life?
2. What challenges do you face with your disability and how you address those challenges each day?
3. If accepted in this program what do you hope this training will prepare you to accomplish?

Letters of Recommendation (two minimum)

Letters suitable are from a former commanding officer, supervisor, or other person of significance. The recommendation should attest to your character, your ambition to succeed along with your commitment to your career goals. Make sure to give the individual plenty of time to write your recommendation.

All Applicants are subject to Background Check and Drug Urinalysis

Your signature below verifies that all information above is complete and accurate to the best of your knowledge

Applicants Signature _____ **Date** _____

Applicants Name (printed) _____

WSWF will share this information ONLY with its program facilitator Drexel Hamilton.
Your information will not be shared without prior permission.