



WNYHeroes, Inc.
Supporting Western New York Veterans

8205 Main Street. Suite # 1
Williamsville, New York 14221
Phone: 716-630-5020 Fax: 716-630-5023
WNY Heroes, Inc. is a 501.3c non-profit organization.

OPERATION BACKPACK APPLICATION

Name of applicant: _____

Address: _____

City: _____ Zip code: _____

Phone #: _____

Branch of service: _____ Years of service: from _____ to _____

Last duty station: _____

Status: Veteran ____ Active duty ____ Reserves ____ National Guard ____

How did you hear about this program? _____

Check list	Yes	No
Have you been deployed?		
Are you a combat Veteran?		
Were you awarded the Purple Heart?		
Are you a disabled Veteran?		
Were you honorably discharged?		

Please provide copies of the following required items when you arrive at our office:

1. Your discharge (DD-214) or valid military ID for this program
2. Each child's birth certificate
3. Applicable school's supply lists

	Child's name	Gender	Age	Grade	School
1					
2					
3					
4					
5					

- ❖ I am affirming that this program is for immediate family members only.
- ❖ I am willing to write a "Thank You" note to the donors who make this program possible.
- ❖ All the information provided in this application is accurate and truthful.

(Signature)

(Date)