

**STATE OF NEW HAMPSHIRE  
PERSIAN GULF WAR SERVICE BONUS APPLICATION**

Please type or print in ink to complete all items on **FRONT AND BACK**.

1. Name \_\_\_\_\_  
(Last) (First) (MI)

2. \_\_\_\_\_  
(Social Security Number)

3. Of which state were you a resident when you entered active duty? \_\_\_\_\_  
**To qualify, applicant is required to be a resident of NH at time of entry.**

4. Were you awarded the Southwest Asia Service Medal for service between 2 August 1990 and 10 November 1995? YES NO

5. Active duty entry date \_\_\_\_\_ 6. Date of discharge \_\_\_\_\_

7. Have you requested and/or received the Persian Gulf War Bonus payment from another state? You are only eligible to receive this bonus once.  
YES NO

8. Are you still on active duty in the armed forces of the United States? \_\_\_\_\_ If the answer is yes, the following certification must be completed by a commissioned officer who has the official custody of the service record of the applicant. ***Please note that the applicant cannot verify their own record and will also need to provide a paper copy of their qualifying medals.***

**CERTIFICATION**

I, the undersigned, a commissioned officer in the United States armed forces, state that I have official custody of the applicant's service record, that I have checked the information contained in items 1 through 7 above, and I certify that the information can be verified against the applicant's service records. The applicant's name, rank or grade, present assignment, and home address at the time of entry into service are as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature, Printed Name, Rank, and Organization of Certifying Officer)

9. I attach, and make a permanent part of my application, a copy of my "Member 4" copy of my **DD Form 214 showing service between 2 August 1990 to 30 November 1995. Copies must be actual size.**

**DO NOT SUBMIT ORIGINAL SEPARATION DOCUMENTS WITH THIS APPLICATION**

10. I certify that the above statements are true and correct to the best of my knowledge. Further, I understand that in the event I have knowingly and willfully made any false statements, I will be liable to punishment in accordance with applicable law.

<p><b>FOR OFFICE OF VETERANS SERVICES USE ONLY</b></p> <p>Date App. Received _____</p> <p>Verified _____</p> <p>Appr/Disappr _____</p>
--

\_\_\_\_\_  
(Applicant Signature - DO NOT PRINT)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Present Mailing Address – *Please provide an alternate address if you have an APO address.*)

\_\_\_\_\_  
(City) (State) (Zip)

**If your mailing address is an APO address, please provide an alternate address to receive the PGWS Bonus.**

**PROVIDE A "MEMBER 4" COPY OF DD FORM 214**

**PROVIDE A PHYSICAL COPY OF YOUR MEDALS IF YOU ARE STILL ON ACTIVE DUTY**

MAIL TO:

New Hampshire Office of Veterans Services  
275 Chestnut Street, Room 517  
Manchester, New Hampshire 03101-2411

If you have any questions please feel free to call us at 603-624-9230 or 1-800-622-9230  
Or fax your application to 603-624-9236