Please refer to flyer for program details.

THE PURPOSE OF THIS PROGRAM IS TO PROVIDE OUR FELLOW VETERANS WITH ACCESS TO THE EVIDENCE-BASED, LIFE-SAVING MENTAL & PHYSCIAL BENEFITS OF MOTORCYCLE RIDING.

A. Your application must be complete to be considered.

B. Please submit an application in the riding season you have or are acquiring a motorcycle to begin riding.

APPLICATION QUESTIONS (2-sides)

1. What are the benefits or reasons you are choosing to learn to ride now?

2. Why are you applying through our organization?

3. Do you have, or will you have, access to a motorcycle to begin riding following class and completion of all Wisconsin DMV requirements?

4. Do you currently belong to a Veteran Organization? If yes, which & where?
If not, would you like our friends from the American Legion Riders to contact you regarding mentorship opportunities after graduation?

5. Please attach a copy of your valid driver's license, current address, email, and phone number. Also, attach documentation that you served in any capacity in the U.S. Armed Services, National Guard, or Reserves, any branch. We do not discriminate based on discharge status. We simply need to verify that you served at least 24 hours of Federal active duty.

WT 101 Application con't

- All accepted applicants will be added to a waitlist in the order in which they were received and approved.
- If applicable, approved applicants on the waitlist who were not able to receive lessons for a given season will be given the first option to enroll in the following riding season.

Your signature below will serve as acknowledgement that:

- All4Hope, Inc. is proud to help coordinate this opportunity for our fellow veterans. However, we are not responsible for your decision to participate in riding classes. You can withdraw your application at any time with no penalty from A4H, Inc. If you cannot take your course in the year you were approved and the class is offered, please resubmit your application for the following year if you decide to continue. ___ (initial)
- I understand that I must pay and provide a receipt for my apportioned deposit (if applicable) to the dealership or school before the distribution of funds for me to take the approved class. A4H, Inc. is not responsible for agreements and deposits you may have paid to the participating dealership or riding school of your choice for the class you selected. ___(initial)
- I am responsible for contacting the dealership or riding school I've selected regarding their cancellation policy, liability releases, and any other requirements they or their riding school may require. ___(initial)

I, _____, acknowledge the terms and conditions for consideration of Wind Therapy 101.

_____ _____

(Sign name) (Print name)

Date submitted:

Date received:

Date approved:

QUESTIONS?

TEXT: 414-659-7226

EMAIL: YIAYIA@ALL4HOPEINC.ORG