



Grand Valley Blue Star Mothers

OPERATION MELODY

OIF/OEF Veteran Application

Please print or type and provide complete information.
If you are filling this out on behalf of a service person, please fill out this section first. If you are filling it out for yourself please start with section 2.

Applicant Name _____

Relationship to Veteran/ Service Person _____

Phone _____ Email _____

Name of Veteran/Service Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Please briefly describe involvement in OIF or OEF including dates of deployment(s) _____

Branch _____ Rank _____

Describe any injuries including TBI or PTSD _____

Active Duty _____ Discharged _____ Date of Discharge _____

Please indicate your choice of musical instrument _____

Do you currently play this instrument? _____

Please indicate an alternate choice _____

Are you interested in any music books or lesson materials if available? _____

Signature _____ Date _____

Approved _____ Denied _____ Comments _____

Date _____ Instrument _____ Signed _____