



SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

Veteran/Active Duty Bonus Application

Bonus Claim #

APPLICANT'S IDENTIFYING INFORMATION

Member-4 copy of DD214 or current orders must be included with this application. Carefully read the instructions found on the reverse side of this form before filling in the requested information. Incomplete or illegible applications may be returned to sender.

Name: (Last, First, Middle) Doe, John E.		Social Security Number: 000-00-0000
Date of Birth: (Month/Day/Year) 01/01/1970	Phone Number: 605-000-0000	Email Address: johndoe@email.com

It is helpful if you include the applicant's email address and phone number...just in case we have questions about their application.

Current Mailing Address: (Street or PO Box) 123 Main Street		
City: Anytown	State: SD	Zip Code: 00000

Address for 6 Months Prior to Entry into Service: (Street) 123 Elm Avenue		
City: Anytown	State: SD	Zip Code: 00000

Date Entered Active Duty: From: 09/02/1990 To: 09/03/1992	Second Tour: From: To:
Actual Dates Served in Area of Hostilities or War Zones: From: 10/01/1990 To: 12/01/1990	Second Tour: From: To:
Have you received, or are you eligible to receive from any other state, a bonus or compensation based on the above period of service? <input type="radio"/> Yes <input checked="" type="radio"/> No	Do you have a service connected disability rating by the US Dept. of Veterans Affairs of 10% or more? <input checked="" type="radio"/> Yes <input type="radio"/> No

Information provided on this form is true and accurate to the best of my knowledge.

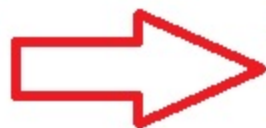
Signature of Applicant: (MUST be original) <i>John E. Doe</i>	Date 10-1-22
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TO BE COMPLETED BY TRIBAL/COUNTY VETERANS SERVICE OFFICER (IF DISCHARGED) OR COMMANDING OFFICER (IF ACTIVE DUTY) I certify that I have reviewed the above application and find it to be true and correct to the best of my knowledge.

Signature and printed name (MUST be original) <i>Local VSO Local VSO</i>	County/Tribe or Commanding Officer Title: Local County or Tribal Veteran Service Officer
Remarks:	Date: 10/1/2022

Please return to: South Dakota Department of Veterans Affairs

Before you mail the applicant's form to us, PLEASE make sure you have included a Member 4 copy of their DD214 and the 2-3 page VA Award Letter (if they are Service Connected).



ATTN: Bonus Program
425 E. Capitol Avenue
Pierre, SD 57501-3100
PH: 605-773-3269



Sometimes it's helpful to call our office BEFORE you fill out a bonus form...as the applicant may have already received a full or partial bonus.

FOR DEPARTMENT USE ONLY

Claims Examiner Review: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Amount:	Administrative Review: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
Initials:	Date:	Signature:	

