



Journey of Heroes – Application Packet – Spring 2026

APRIL 27 – APRIL 30, 2026

DEADLINE: OCTOBER 1, 2025



Journey of Heroes offers veterans a transformative four-day trip to Washington D.C. to explore monuments, memorials, and museums dedicated to their service. Nonprofit collaborators, Wish of a Lifetime and the Vital Life Foundation, created this once-in-a-lifetime experience to honor veterans for their service and sacrifices and to illustrate the benefits of leading a physically, spiritually, mentally, and socially fulfilling life. The experience extends beyond sightseeing; veterans and their companions, along with Wish of a Lifetime and Vital Life Foundation support staff, forge deep connections and share memorable moments as they explore the best that D.C. has to offer. Note: The date is subject to change in the event of unforeseen circumstances.

About The Vital Life Foundation:

The Vital Life Foundation is a non-profit foundation that supports organizations and programs that provide meaning and vitality in the lives of seniors and staff members living and working in senior care. Created by Marquis Companies, a long-term care, assisted living and home health care company, and its sister company Consonus Healthcare Services, that provides pharmacy, rehabilitation, staffing and consulting to the long-term care community, Vital Life, a Marquis and Consonus Foundation has been operating since 2008. To find out more about The Vital Life Foundation, please visit www.VitaLifeFoundation.org

About Wish of a Lifetime:

At Wish of a Lifetime® from AARP, our mission is to spark hope and joy in the hearts of older adults by fulfilling their dreams through personalized experiences that promote healthy and purposeful aging. We share these stories to inspire those of all ages. To learn more, visit www.wishofalifetime.org or follow @wishofalifetime on social media.

What to Expect:

Journey of Heroes lasts a total of four days (Monday-Thursday). Two of those days include travel, which generally precludes scheduling full days of sightseeing activities on those days. While activities have varied on trips and itineraries are subject to change, participants can expect to visit the three major war memorials (Korea, Vietnam & WWII), the Arlington National Cemetery, and the Udvar Hazy Museum (National Air & Space Museum in Chantilly, VA). Veterans are accompanied by one companion and a leadership-support staff provided by Wish of a Lifetime and the Vital Life Foundation. A more detailed itinerary will be provided closer to the actual trip date.



Please be advised:

While Wish of a Lifetime and Vital Life Foundation work diligently to create the safest and most comfortable trip possible, Journey of Heroes requires commercial airline travel and includes a dynamic itinerary that may pose challenges for veterans with significant medical needs. This should be carefully considered when applying.

It is advised that veterans use the wheelchairs provided unless they are comfortable walking independently for long distances (1 mile+). Additionally, we will require each veteran's primary physician to fill out a Medical Verification Form. Veterans' companions are expected to ensure the veteran has a positive experience and is as comfortable as possible.



The companion **MUST** be capable of taking care of all the veteran's medical and care needs. Please consider mobility, dressing, eating, bathing, toileting, and incontinence support.

Journey of Heroes provides:

- Round-trip airfare (one approved veteran and approved companion)
- Ground transportation in Washington, DC
- Accommodations: One hotel room for each veteran and their companion for three nights
**Requests for separate room accommodations will be assessed on a case-by-case basis*
- Meals: Breakfast, lunch, and dinner during the trip
- Wheelchairs (**Please note – veterans may not bring powered wheelchairs or scooters. Exceptions will only be considered if medically necessary**)

Not covered by Journey of Heroes:

- Transportation and/or meals separate from the scheduled itinerary and menu
- Souvenirs

Additional Companions:

- There is no guarantee that additional companions and/or family members can join the JOH trip as the capacity is limited. Each request will be reviewed on a case-by-case basis.
- Please be advised: Approved attendance of additional companions and/or family members does not guarantee covered expenses. Those attendees may be responsible for covering their own travel expenses.

Application Process

- Before applying, please consider the following qualifications:
 - o Applicant must **be 65 years of age or older**
 - o Applicant must **be capable of participating in the trip**
 - o Applicant must **be able to show proof of service with the United States Armed Forces** (individuals with compelling military-related service or connections will be considered on a case-by-case basis)
 - o Applicant must **have a valid ID that meets the new REAL ID requirements**

How to apply:

1. Fill out the **Wish Application**, included at the end of this document.
2. Complete the **Biographical Data Form** (included with this packet)

Note: A health assessment will need to be completed by a Marquis associate before approval. A missing health assessment may result in a veteran not being able to participate.

Please contact Shannon Hollis at shannon.hollis@wishofalifetime.org if you have questions about the application process.

Timeline:

1. All applications must be submitted by **October 1, 2025**
2. A JOH representative will contact you to obtain further information following the submission of the application.
3. Veteran nominees and nominators will be informed when veteran selections have been made.

NOTE: Applying does NOT guarantee participation. Veterans can expect an update about selection in December 2025.

(continued next page)

Journey of Heroes – Washington DC

Veteran We are seeking biographical and photographic information that outlines your military experience. By your signature, you agree that both biographical information and photos may be used by Wish of a Lifetime and Vital Life Foundation, a Marquis and Consonus foundation and its assignees and transferees to copyright, use and publish the same in print and/or electronically with or without your name.

Signed Name _____ **Date** _____

Printed Name _____ **Date** _____

Please fill out the biographical information as completely as possible. We are also seeking both current and service photos that represent the veteran's experience.

Biographical Data Form

PLEASE PRINT CAREFULLY AND BE AS DETAILED AS POSSIBLE.

Veteran Name (First) _____ (Middle) _____ (Last) _____

Branch of Service: _____

(Circle which applies) Commissioned/Enlisted/Drafted

Service dates: _____

Highest rank: _____

Unit/Division/Battalion/Group/Ship, etc. (do not abbreviate): _____

War, operation, or conflict served in: _____

Battles/campaigns: _____

Locations of military service: _____

Medals, service awards, achievements (please list and be as specific as possible): _____

Prisoner of war? Yes/No

Holocaust Survivor? Yes/No

Did you sustain any combat or service-related injuries. If yes, please describe. _____

(continued next page)

Photos/Memorabilia:

Please include at least (1) of each of the following.

- **Service picture:**
 - Please indicate where this photo was taken, when, who you are in the photo, and who else is pictured.
 - If you include multiple service pictures, please include this for each.
- **Service documentation:**
 - Please include a copy of your DD214 or other documentation confirming service details.
- **Military awards/achievements:**
 - If applicable, please send copies of any articles or photos related to service accolades.
- **Current photo (recipient)**
- **Current photo (companion)**

*These documents and photos are **required**.*

APPLICATIONS AND SUPPORTING DOCUMENTS SHOULD BE EMAILED, MAILED, OR FAXED to SHANNON HOLLIS

Shannon Hollis
Wish of a Lifetime from AARP
303 E 17th Ave Suite 850
Denver, CO 80203
FAX: 303-648-5626
Shannon.hollis@wishofalifetime.org

WISH OF A LIFETIME Wish Application

FROM 

Before completing this application, please review Wish of a Lifetime's Qualifications and Guidelines below. Wishes that do not meet the Qualifications and Guidelines will not be considered for fulfillment.

Qualifications	• Minimum age of 65 • Reside in the United States and its territories • Unable to fulfill the wish on your own • Capable of experiencing the wish • Able to obtain approval from a doctor, if necessary	
Wishes that will not be granted or considered	• Financial Assistance • Housing Assistance • Home Furnishings • Technology • Medical care or services • Legal Services • Vehicle Assistance • Potentially harmful or dangerous wishes	• Wishes on behalf of others under 65 • Assistance finding employment • Wishes that extend beyond the life of the Wish Recipient • Publishing Wishes (distribution or creation of printed materials) • Continuous Wishes

A note about travel: We do not grant wishes for individuals to go on vacation. Travel must be purpose-driven, with a dream achieved during or as a result of the trip.

Disclaimer: Unfortunately, Wish of a Lifetime is unable to grant every wish we receive. The decision to grant a wish is under the sole discretion of Wish of a Lifetime, and a wish may be denied for any reason.

Section A: Contact Information

Nominee (65 and older)

Nominee Name: _____

Preferred Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Birthdate: _____

Primary/Preferred Language: _____

Gender: How do you identify? Male, Female, Other: Please Specify: _____

Nominator (if applicable)

Nominator Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship to Wish Nominee: _____

Section B: Wish Details

Please provide detailed and specific answers. If you are nominating an older adult for a wish, please remember that all questions refer to the individual being nominated. If the wish request is time-sensitive, please explain why in this section.

1. What is your Wish of a Lifetime?

2. Explain the history behind this wish. What makes this wish meaningful to you? Is there a unique and/or interesting story behind this wish? Please explain. (300 character minimum)

3. If fulfilled, in what ways would this wish significantly impact your life? Please be specific. (100 character minimum)

4. What specific benefits (emotional, physical, spiritual, social and/or intellectual) will you experience as a result of having this wish granted and why? (100 character minimum)

5. What prevented you from fulfilling this wish on your own? (100 character minimum)

6. Have you done this before? If so, how long has it been? If your wish request is to reconnect with someone, when was the last time you saw them?

Section C: Personal History

*Before we move forward with a wish, we would like to try and get to know you. Please take the time to tell us a little about yourself. **Nominators: Please remember that all questions refer to the individual being nominated for a wish.***

1. What are your current and/or past occupations, if any?

2. Tell us about the events or experiences that shaped your life, your interests or passions, and the accomplishments you're proud of. *(300 character minimum)*

3. What obstacles and challenges have you faced or are currently facing in your life, and how have they impacted you? *(100 character minimum)*

4. What have you done to give back to others? *(100 character minimum)*

- What volunteer work are you currently involved in or have done in the past? Please specify what organizations you volunteered for and for how long.
- If you were a member of the military, please list the military branch and describe your service. Include your duties and any battles or campaigns you were a part of as well as any medals or honors you received.

5. Are you a military veteran?

☐ Yes ☐ No ☐ Prefer not to answer

6. Are you currently on parole, probation, or under supervision by your community for a crime committed?

☐ Yes ☐ No

7. Are there any physical or cognitive impairments that may influence your ability to participate in the wish? (Please consider accommodating for wheelchairs, oxygen, dementia care, etc.)

Please note: WOL tries to make every effort to accommodate for cognitive and physical impairments when planning wishes.

☐ Yes ☐ No

If yes, please describe, and let us know what accommodations will need to be made to enable the nominee to fulfill his/her wish:

8. Is your individual income below or above \$32,000?

Note: This question pertains to the individual being nominated for the wish. Responses to this question will not affect the approval or denial of the wish request.

☐ Below \$32,000 ☐ Above \$32,000 ☐ Unsure/Prefer not to say

9. Are you of Hispanic, Latino, or Spanish origin or descent?

☐ Yes ☐ No ☐ Prefer not to answer

10. Which of the following best describes your race? (Select all that apply)

☐ American Indian or Alaska Native	☐ Native Hawaiian or Pacific Islander
☐ Asian	☐ White or Caucasian
☐ Black or African American	☐ Prefer not to answer

11. Do you identify as LGBTQ+? (lesbian, gay, bisexual, transgender, queer/questioning, or I use a different term)

☐ Yes ☐ No ☐ Prefer not to answer

How did you hear about Wish of a Lifetime? (Please be specific)