



VETERANS RECOGNITION PROGRAM NOMINATION FORM

PLEASE PRINT ALL INFORMATION

FULL NAME OF VETERAN: _____

First

Middle Initial

Last

ADDRESS _____ PHONE: _____

BRANCH OF SERVICE: _____ HIGHEST RANK HELD: _____

DATES OF SERVICE: _____ DECORATIONS EARNED: _____

JUSTIFICATION:

This section is to be completed with information about the nominee's service to the Veteran community and any other information to justify the award. Information should include membership in any Veteran Service Organizations and offices held, if any. Please also submit a copy of DD214, brief bio and picture of the nominee with this application. (All pictures will be returned once the program booklet has been completed.)

NOMINATED BY: _____ PHONE NUMBER: _____

VETERANS CELEBRATION COMMITTEE
P.O. Box 29436 Shreveport, LA 71149
VETERANSCELEBRATIONCOMMITTEE@GMAIL.COM

DEADLINE TO SUBMIT APPLICATION: OCTOBER 4, 2024