



# 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.)

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NOMINATED BY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**VETERANS CELEBRATION COMMITTEE  
P.O. Box 29436 Shreveport, LA 71149  
[VETERANSCELEBRATIONCOMMITTEE@GMAIL.COM](mailto:VETERANSCELEBRATIONCOMMITTEE@GMAIL.COM)**

**DEADLINE TO SUBMIT APPLICATION: OCTOBER 6, 2023**