NATIONAL COMMANDER'S AWARDS
OUTSTANDING DISABLED VETERAN OF THE YEAR
2011
DEPARTMENT OF

_____
(STATE)

Nominee's Name _____

Nominee's Home Address _____

Nominee's Work Address _____

Phone _____ _____ _____
(Home) (Work) (Fax)

Military Service Date(s): _____

Date of Birth _____ Marital Status _____ Spouse's Name _____

Membership Status: Life _____ Annual _____ (*Check One*)

Chapter No. _____ State _____

List Disabilities:

1) Service-connected: (Attach narrative description how disabilities were incurred.)

_____

_____

_____

2) Nonservice-connected:

_____

_____

_____

3) How nominee overcame handicap(s): (Attach additional sheets if necessary.)

_____