Disabled American Veterans
Department of Louisiana

Award Nomination Form

Name ____________________________________________

Address ____________________________________________

Telephone (Home) ______________________ (Cell) ______________________ (Business) ____________

Email ____________________________________________

Chapter Name & # ________________________________

Membership # ___________________ Years in DAV ____________

Award Category

VAN DRIVER OF THE YEAR

Narrative: (Please use 100 words or less to tell why you feel this individual deserves this award. If
more space is needed, narrative may be submitted on separate piece of paper attached to this Nomination
Form.)

________________________________________
Chapter Commander’s Name (Please print)

Signature ____________________________ Date ____________

________________________________________
Chapter Adjutant’s Name (Please Print)

Signature ____________________________ Date ____________

Form AwardNom-2/24/10