Disabled American Veterans
Department of Louisiana

Award Nomination Form

Name ________________________________________________

Address ________________________________________________

Telephone (Home) __________________ (Cell) ____________ (Business) ____________

Email ____________________________________

Chapter Name & # ____________________________

Membership # ____________________________ Years in DAV ______________________

Award Category

VETERAN 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