

## VFW Public Servant Award Citation Post Entry Form

NOTE: VFW Point of Contact should fill out their section below <u>prior</u> to distributing this form. This will provide individuals from outside of the VFW with the needed information to submit their packets successfully.

## To be filled out by VFW representative

Sponsoring VFW Post #:	Sponsoring District #:	
Date of Presentation: MM/DD/YY (if availa	ble)	
VFW Post POC		
Full Name:		
Phone:	Email:	
Address: (where to mail entry)		
City:	State:	Zip:
	<b>Individual Submitting Nomination</b>	
Full Name:		
Phone:	Email:	
	<b>Nominee Information</b>	
Choose appropriate citation: (EMT, Firefig	hter or Law Enforcement)	
Full Name: (please list as you wish it stated	I on the citation)	
Gender:		
Occupation Title: ( <u>if any</u> ) (please list as yo	u wish it stated on the citation)	
Employer Name: (please list as you wish it	stated on the citation)	
Address of Employer: (please list as you w	ish it stated on the citation)	
City:	State:	Zip:
Employer Phone:	Employer Email: (if available)	

Please complete this form and submit to your local VFW Post using the information provided above. Ensure to <u>include all required documentation</u> that is outlined on the instructions sheet provided with this form. All post entries must be received by their **Department Headquarters no later than January 1st**. If you have any questions, please feel free to contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail <u>theauchamp@vfw.org</u>