

Ohio Veterans Hall of Fame Nomination Form

Be sure to read the **Nomination Guidelines** prior to completing this form.
All nominations must be received no later than **June 30th**.

Nominee's Full Name _____

Nominee's Home Address _____

Nominee's City _____ State _____ Zip Code _____

Nominee's Home Telephone No. _____ Work Phone No. _____

Nominee's County of Residence _____

Nominee's Years & Location of Ohio Residency _____

Did Nominee Receive an Honorable Discharge? (attach verification) _____

Nominee's Date of Birth _____ Is Nominee Deceased? _____

Please attach the typed summary of the nominee's achievements and contributions in the recommended format along with this nomination form. **The nomination packet must not exceed ten (10) pages on 8-1/2" x 11" single-sided paper**, excluding discharge papers and required nomination form. **If the nomination packet exceeds ten (10) pages the nomination packet will not be considered by the Executive Committee and returned to the nominator.** Letters simply recommending your nominee for inclusion will not be considered. Multiple nominations for a single individual are discouraged.

I hereby affirm the information contained herein is accurate to the best of my knowledge and understanding, and in conformance with the Nomination Guidelines. I agree to provide additional information if requested by the Ohio Veterans Hall of Fame.

Nominator's Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Signature of Nominator (REQUIRED) _____

Date _____

PLEASE NOTE: Only the nominator will be notified if this nomination is NOT selected.

Mail this form and completed packet to:

Ohio Veterans Hall of Fame
Karen Kish
77 S. High St., 7th Floor
Columbus, Ohio 43215

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