

**NATIONAL COMMANDER’S AWARDS  
OUTSTANDING DISABLED VETERAN OF THE YEAR  
2018  
DEPARTMENT OF**

\_\_\_\_\_  
(STATE)

Nominee’s Name \_\_\_\_\_

Nominee’s Home Address \_\_\_\_\_

Nominee’s Work Address \_\_\_\_\_

Phone \_\_\_\_\_  
                                Home    Work    Fax

Military Service Dates(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)

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Nominee's achievements:

Nominee's involvement with DAV and community groups:

Submitted By:

Name \_\_\_\_\_

Title \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Approved By: (*Requires at least one signature.*)

\_\_\_\_\_  
Department Commander

\_\_\_\_\_  
Department Adjutant

PLEASE ENCLOSE THE FOLLOWING:

- *8" X16" glossy photograph of nominee*
- *Nominee consent form*

OUTSTANDING DISABLED VETERAN OF THE YEAR

CONSENT FORM

I, \_\_\_\_\_ hereby authorize the Disabled American Veterans to

Use my name, photo and biographical information in connection with the National Commander's Awards Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date