

TO: All Chapters
FROM: Larry Hill, Adjutant
DATE: October 27, 2019

This outline reiterates the rules, and indicates the date for submitting nominees to the Department of Wisconsin, for the Disabled Veteran of the Year Award.

Rules for the 2019-2020 Department Disabled Veteran of the Year

Persons eligible for the Award:

Nominees must be service connected disabled veterans. Nominees need not be a member of DAV but **must be eligible for membership.**

Type of Award:

Disabled Veteran of the Year trophy, two nights lodging at State Convention, registration and banquet for two.

Wisconsin Disabled Veteran of the Year will be entered into competition for DAV National Outstanding Veteran of the Year Award. Accordingly, we follow the rules governing the National Outstanding Disabled Veteran of the Year Award, as published in the current National Awards Bulletin.

Who may submit nominations for Disabled Veteran of the Year?

DAV members, DAV Chapters, LVERS and DVOPS.

Submitting a Nominee:

A **completed application** for the National Outstanding Veteran of the Year **with consent form** and **8x10 inch glossy current photograph** of nominee **must be submitted to Committee Chairperson no later than January 31, 2020.**

DAV Department of Wisconsin
Attention: Larry Hill
1253 Scheuring Road, Suite A
DePere, WI 54115

Selection of recipient for Department Disabled Veteran of the Year will be based on:

1. The **nature and severity of the disability** will be considered.
2. Persistence and initiative of the nominee in surmounting the disability.
3. Achievements in overcoming the disability from an **economic and employment** standpoint will be considered.
4. Contributions and achievements in such areas as assistance to disabled veterans and other disabled persons, participation in civic activities and other actions which clearly demonstrate responsible citizenship.

Award Presentation:

The recipient will be notified by letter or phone and arrangements will be made for the recipient and (1) guest to attend the State Convention with registration, banquet, and two (2) nights lodging (1 room), at the expense of the Department. The Award will be presented at the State Convention before the Joint Session, on Friday morning.

**NATIONAL COMMANDER'S AWARDS
OUTSTANDING DISABLED VETERAN OF THE YEAR
2019-2020
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)

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