



NOMINATE A VETERAN OF THE WEEK

VETERAN OF THE MONTH NOMINATION FORM

Thank you for nominating a Veteran who honorably served to be considered as a South Carolina Department of Veterans' Affairs (SCDVA) **Veteran of the Month**. Submit this completed form along with **3-5 photos** (at least one in uniform during service) to veteranofthemonth@scdva.sc.gov

If selected as a Veteran of the Month, honorees will then be entered in an internal selection process for **Veteran of the Year**. Details on the Veteran of the Year selection process can be found online at scdva.sc.gov. Please provide as much detailed information as possible.

PLEASE NOTE: Veteran nominees must reside in South Carolina to be considered for recognition. If selected for Veteran of the Month, the Veteran cannot be nominated again until the following calendar year. SCDVA will complete a due diligence review of all Veterans considered for Veteran of the Month and Veteran of the Year.

NOMINEE'S GENERAL INFORMATION

DATE OF NOMINATION:

NOMINEE'S NAME:

NOMINEE'S RANK UPON SEPARATION:

NOMINEE'S BRANCH OF SERVICE:

NOMINEE'S LENGTH OF SERVICE:

NOMINEE'S LOCATION OF RESIDENCY:

NOMINEE'S CONTRIBUTIONS

GENERAL VOLUNTEER WORK (*Please include any relevant dates, details, or length of participation*)

VOLUNTEER WORK DIRECTLY IN SUPPORT OF VETERANS OR THE MILITARY (*Please include any relevant dates, details, or length of participation*)

MILITARY ACCOLADES OR RECOGNITIONS

NOMINEE'S CONTRIBUTIONS- continued

IMPACT STATEMENT (Why does this veteran deserve to be nominated)

NOMINEE'S BACKGROUND INFORMATION (please answer the following as you are able)

CITY AND STATE OF ORIGIN (where is the nominee from)

WHEN DID THE NOMINEE MOVE TO SOUTH CAROLINA? (disregard if native to the state)

WHY DID THE NOMINEE MOVE TO OR CHOSE TO STAY IN SOUTH CAROLINA?

INTERESTING FACT OR DETAIL

NOMINEE'S BACKGROUND INFORMATION- continued

POST-SERVICE CAREER PATH/EDUCATION/RECOGNITIONS

NOMINATOR'S INFORMATION (if you are self-nominating, please provide us with the contact information of two references below.)

NAME:

EMAIL ADDRESS:

PHONE NUMBER:

RELATION TO THE NOMINEE (this section cannot be blank):

CONTACT INFORMATION FOR ADDITIONAL REFERENCES:

Please remember to submit 3-5 photos (at least one in uniform during service) along with this form to veteranofthemonth@scdva.sc.gov