



**Disabled American Veterans  
Department of Louisiana**

***Award Nomination Form***

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

Email \_\_\_\_\_

Chapter Name & # \_\_\_\_\_

Membership # \_\_\_\_\_ Years in DAV \_\_\_\_\_

**Award Category**

**VETERAN OF THE YEAR**

**Narrative:** (Please use 100 words or less to tell why you feel this individual deserves this award. If more space is needed, narrative may be submitted on separate piece of paper attached to this Nomination Form.)

Chapter Commander's Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Chapter Adjutant's Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_