GREENE COUNTY VETERANS SERVICE ÅGENCY HONOR A VET PROGRAM

INSTRUCTION AND NOMINATION PACKET



NOMINATIONS TO:

TYLER LYNCH, DIRECTOR

GREENE COUNTY VETERANS SERVICE AGENCY
159 JEFFERSON HEIGHTS, SUITE D-303

CATSKILL, NEW YORK 12414

ELIGIBILITY AND INSTRUCTIONS

ELIGIBILITY

RESIDENCY: Nominee shall be a long-term resident of Greene County who has continued to maintain strong ties to the county up to date of nomination.

MILITARY SERVICE: Veteran must have served honorably in any branch of U.S. Military on Active Duty or activated with the Guard or Reserves.

INSTRUCTIONS

PROFILE: This packet includes a three-page profile form and two (2) additional lined pages to write out a brief biography of the candidate's military service. Fill in the profile form completely; and, use the blank lined pages to elaborate on the details of the candidate's military career and community service, if applicable: e.g., how he/she decided to join, or if they were drafted, where they went through training, what they did in the military: their job title and description of their duties, geographical locations they went to, war(s) or war era(s) they served in, experiences they had, and an account of how they received any medals or awards; did they participate in community organizations such as the American Legion or VFW, or the Elks, Rotary Club etc. Did they work with youth? Volunteer at Church? You may add any other information you feel is pertinent.

Please ensure that all information provided is true and accurate. Verification must be submitted of military service and all awards, medals, honors etc. that you have claimed to be true and accurate. Any award that cannot be verified by documentation will be omitted from the application before submitted to the Committee for selection. Any application found or known to contain notable inaccuracies will not be submitted to the Committee for selection.

NOMINATIONS: Please send all nominations directly to Greene County Veterans Service Agency at 159 Jefferson Heights, Suite D-303, Catskill, NY 12414, in person, or by mail. Submissions may also be uploaded and e-mailed veterans@greenecountyny.gov. For questions or clarification of instructions, please call Greene County Veterans Service Agency at (518) 943-3703. Dates are subject to change.

	GREENE COUNTY HONOR A VET MEMORIAL CEREMONY (MAY) Deadline Date: 3 rd Tuesday in March Will typically be on Armed Forces Day (Saturday prior to Memorial Day Weekend					
	GREENE COUNTY HONOR A VET VETERAN OF THE YEAR EREMONY (NOV) Deadline Date: Tuesday after Labor Day Will typically be on 1st Saturday of November					
1.	Veteran's Name:					
2.	Periods of military service: () WWII () Korean () Vietnam () Persian Gul () OEF/OIF () Other:					
3.	Community of Residence:					
	Number of Years in Greene County:					
	Verified By					
	(Please enclose proof of residency)					
4.	Military History:					
	Rank:Branch of Service:Unit:					
	Dates of Military Service Entrance-Discharge:					
	Military Occupation:					
	Decorations & Awards:					
	(Military Discharge/DD 214 and proof of medals/awards must be attached)					
5.	Personal History:					
	Date of Birth: Place of Birth:					
	Date of Death (if applicable): Place of Death:					
	Cause of Death if Due to Military Service:					

6.	Education:					
	Name/Address Grade School:					
	Years Attended:					
	Name/Address High School:					
	Years Attended:					
	Name/Address Secondary Education:					
	Graduation Year:Degree/Diploma:Major:					
7.	Work History:					
	Civilian Occupation:Employer:					
	# of Years:					
8.	Community Service (if applicable):					
	Organizational Memberships (civic, veterans, fraternal, social and political):					
Organizational Memberships (Civic, Veteralis, Italemai, social and pointical).						
	Other Community Service:					

Relatives: Parents:								
							Spouse:	
Children:								
Othory								
Otner:								
Please use the next page(s) to write a brief biography of the Veteran's life using the								
outline you provided above.								
Submission release:								
Submitted By:								
Phone:								
Address:								
Signed:			Date:					

eteran Name:			
OGRAPHY AND ADDITIONAL INFORMATIO	N PAGES:		
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	INITIALS		

teran Name:	
	INITIALS