

COUNTY OF SUMMIT VETERANS SERVICE COMMISSION

2025 VETERAN OF THE YEAR NOMINATION

***** IMPORTANT: PLEASE REFERENCE THE ACCOMPANYING NOMINATION LETTER FOR SUBMISSION CRITERIA BEFORE COMPLETING THIS FORM. TYPE OR PRINT ALL THE ANSWERS IN THE BLOCKS BELOW. IF MORE SPACE IS NEEDED SEE BLOCK 11. *****

1. NAME OF NOMINATED VETERAN		2. TELEPHONE NUMBER	
3. ADDRESS OF VETERAN		4. SPOUSE (IF ANY)	
5. DATE OF BIRTH	6. PLACE OF BIRTH	7. BRANCH OF SERVICE	
	8. SERVICE DATES	9. PLACE OF SERVICE	
10. POSITIONS HELD IN VETERANS SERVICE ORGANIZATIONS, AND DATES			
11. REASONS WHY THIS NOMINEE SHOULD BE VETERAN OF THE YEAR <i>(Do not list any information from item 10). (YOU MAY PROVIDE OR CONTINUE WITH ON A SEPARATE SHEET).</i>			
12. SIGNATURE OF PERSON MAKING NOMINATION		13. DATE	