

# Ohio Veterans Hall of Fame Nomination Form

Be sure to read the **Nomination Guidelines** prior to completing this form.  
All nominations **must be received no later than June 30<sup>th</sup>**.

Nominee's Full Name \_\_\_\_\_

Nominee's Home Address \_\_\_\_\_

Nominee's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

County of Residence \_\_\_\_\_

Years & Location of Ohio Residency \_\_\_\_\_

Did Nominee Receive an Honorable Discharge? (attach verification) \_\_\_\_\_

Nominee's Date of Birth \_\_\_\_\_ Is Nominee Deceased? \_\_\_\_\_

Please attach the typed summary of the nominee's achievements and contributions in the recommended format along with this nomination form. **The nomination packet must not exceed ten (10) pages on 8-1/2" x 11" single-sided paper**, excluding discharge papers and required nomination form. **If the nomination packet exceeds (10) pages the nomination packet will not be considered by the Executive Committee and returned to the nominator.** Letters simply recommending your nominee for inclusion will not be considered. Multiple nominations for a single individual are discouraged.

*I hereby affirm the information contained herein is accurate to the best of my knowledge and understanding, and in conformance with the Nomination Guidelines. I agree to provide additional information if requested by the Ohio Veterans Hall of Fame.*

Nominator's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Signature of Nominator (**REQUIRED**) \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE NOTE: Only the nominator will be notified if this nomination is NOT selected.**

**Mail this form and completed packet to:**

Ohio Veterans Hall of Fame

Karen Kish

77 S. High St., 7th Floor, Columbus, Ohio 43215

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