



National Society of the Sons of the American Revolution

General William C. Westmoreland Award

Deadline for Submission **January 1st** of each year

| NOMINEE | | | |
|--------------------------------------|----------|------------------|---------------|
| Compatriots Name: | | National Number: | State Number: |
| Year Joined SAR: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Telephone: | Email: | | |
| State Society: | Chapter: | | |
| Chapter President: | | | |
| Chapter Veterans Committee Chairman: | | | |
| Chairman's Address: | | | |
| City: | | State: | Zip Code: |
| Telephone: | Email: | | |

| SUBMITTER | | | |
|-------------------|--------|--------|-----------|
| Submitter's Name: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Telephone: | Email: | | |

| ADDITIONAL NOMINEE INFORMATION | | | |
|--------------------------------------------------------------------------------------|----|------------------------------------------|--------------------|
| What is the name of the VA Hospital that has certified the Nominee? | | Number of hours served at a VA Hospital: | |
| If not certified at a VA Hospital, please provide the name where the Nominee serves: | | | |
| Has the Nominee received the "Service to Veterans" Medal? | NO | YES | If yes, what year: |
| Has the Nominee received a bronze cluster? | NO | YES | If yes, how many: |
| How many years has the Nominee served on a Chapter Veterans Committee? | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------|-----------------------|
| Has the Nominee served as Chairman of a Chapter Veterans Committee? | NO | YES | If yes, no. of years: |
| How many years has the Nominee served on a State Veterans Committee? | | | |
| Has the Nominee served as Chairman of a State Veterans Committee? | NO | YES | If yes, no. of years: |
| Has the Nominee ever served on the National Veterans Committee? | NO | YES | If yes, what year(s): |
| Has the Nominee served as Chairman of the National Veterans Committee? | NO | YES | If yes, no. of years: |
| Amount of time spent helping veterans (including drive time): | Number of miles driven to help veterans: | | |
| Number of items donated to veterans: | Amount of dollars contributed to veteran services: | | |
| Does the Nominee belong to other organizations that work with veterans? | NO | YES (If yes, list below) | |
| 1. 2. 3. 4. | | | |
| Special events for veterans sponsored by Nominee at an SAR event (please list): | | | |
| List of accomplishments by Nominee in regards to veterans programs: | | | |
| Please list any additional items which should be considered (attach any additional pages is necessary): | | | |

This document can be printed and mailed along with any attachments to:

Executive Director
National Society of the Sons of the American Revolution
809 West Main Street
Louisville, Kentucky 40203-2619

Be sure to send a copy to the State Veterans Committee Chairman.