

National Society of the Sons of the American Revolution General William C. Westmoreland Award

Deadline for Submission January 15th of each year

NOMINEE							
Compatriot's Name:		National Number:	Stat	e Number:	Year Joined SAR:		
Address:							
City:			Stat	e:	Zip Code:		
Telephone:	Email:						
State Society:		Chapter:					
Chapter President:		L					
Chapter Veterans Committee Chairman:							
Chairman's Address:							
City:				e:	Zip Code:		
Telephone:	Email:				l		
SUBMITTER							
Submitter's Name:							
Address:							
City:			Stat	e:	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?				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 C	hapter Vete	erans 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 d to help veterans:					
Number of items donated to veterans:	Amount of dollars to veteran services	nount of dollars contributed veteran services:				
Does the Nominee belong to other organizations that work with veterans?	NO	YES (If yes	s, 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 (attack)	ch any additional pa	ges 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.