

VFW Public Servant Award Citation Post Entry Form

NOTE: VFW Point of Contact should fill out their section below <u>prior</u> to distributing this form. This will provide individuals from outside of the VFW with the needed information to submit their packets successfully.

To be filled out by VFW representative

Sponsoring VFW Post #:	Sponsoring District #:	
Date of Presentation: MM/DD/YY (if avail	able)	
VFW Post POC		
Full Name:		
Phone:	Email:	
Address: (where to mail entry)		
City:	State:	Zip:
	Individual Submitting Nomination	
Full Name:		
Phone:	Email:	
	Nominee Information	
Choose appropriate citation: (EMT, Firefig	ghter or Law Enforcement)	
Full Name: (please list as you wish it state	d on the citation)	
Occupation Title: (<u>if any</u>) (please list as yo	ou wish it stated on the citation)	
Employer Name: (please list as you wish i	t stated on the citation)	
Address of Employer:		
City:	State:	Zip:
Employer Phone:	Employer Email: (if available)	

Please complete this form and submit to your local VFW Post using the information provided above. Ensure to <u>include all required documentation</u> that is outlined on the instructions sheet provided with this form. All post entries must be received by their **Department Headquarters no later than January 1st**. If you have any questions, please feel free to contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail tbeauchamp@vfw.org