



2019 Veteran of the Year Nomination Form

Nominee Information:

Name: _____ Telephone: _____

Address: _____

Branch of Service: _____ Date of Birth: _____

Dates of Service: From _____ To _____

DD214 Enclosed*: () Yes () No

Type of Discharge: _____

Current Employer: _____

I, the undersigned, nominate the above named person for the 2019 Southeastern Massachusetts "Veteran of the Year Award".

Name: _____ Telephone: _____

Address: _____

Signature: _____

***** Deadline for nominations is July 31st by 4:00PM, 2019 *****

Please mail this form and a letter detailing the veteran's accomplishments and why they should be chosen to:**

**Attn: Board of Directors
Veterans Transition House
344 County St.
New Bedford, MA 02740**

**Please make sure if your nominee is chosen you can send us their DD214*

***The more information you can provide about the veteran the better chance they will have of being picked*