

Veteran of The Year Nomination

Please read the Nomination Guidelines Prior to completing this form.

Along with this completed form, please make sure you include the completed Veteran of The Year Nominee Contributions Sheet.

Nominee _____ Telephone _____

Home Address _____

Nominator's Name _____ Telephone _____

Home Address _____

I have read the nomination guidelines and attest that the information included in the Nomination Form and Nominee Contributions Sheet is accurate and true.

Signature of Nominator

Date

Please Send Nomination Packets to: Veterans Care Assistance Program, 6955 N. Durango Drive, Suite 1115-252, Las Vegas, NV 89149.

Service to the Community:
