



*Southeastern Massachusetts Veterans Housing Program, Inc.*

## **2017 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 2017 Southeastern Massachusetts "Veteran of the Year Award".**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*\* Deadline for nominations is August 11, 2017 \*\*\***

**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  
20 Willis 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*