

**Disabled American Veterans  
Department of Arizona**

**Department of Arizona Awards Application Form**

**Date:** \_\_\_\_\_

**DUE DATE: APRIL 1, 2012**

**All nominees must be members or eligible for membership.**

**Award nominated for (please Check one)**

**Distinguished Service Award**

**Disabled Veterans of the Year Award**

**Department Appreciation Award**

**Commander of the Year Award**

**Chapter of the Year Award**

**Large Business 200+ Employees**

**Small Business less than 200 Employees**

**Nominees Name:** \_\_\_\_\_

**Nominees Home Address:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Nominees Involvement/Achievements within the DAV and other service organizations:**

**Nominees Involvement/ Achievements in the community:** \_\_\_\_\_

**Describe why you think this Veteran/Chapter deserves this award:** \_\_\_\_\_

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**Submitted by:**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**RETURN COMPLETED FORM TO:  
AWARDS CHAIRMAN  
DISABLED AMERICAN VETERANS  
DEPARTMENT OF ARIZONA  
38 W. DUNLAP AVENUE  
PHOENIX, AZ 85021**