VFW Public Servant Award Citation
Post Entry Form

NOTE: VFW Point of Contact should fill out their section below prior 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 #: _____

VFW Post POC

Full Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Individual Submitting Nomination

Full Name: _____

Phone: _____ Email: _____

Nominee Information

Choose appropriate citation: EMT

Full Name: (please list as you wish it stated on the citation) _____

Occupation Title: (if any) (please list as you wish it stated on the citation) _____

Employer Name: (please list as you wish it 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 include all required documentation that is outlined on the instructions sheet provided with this form. All winning Post entries must be received by their **Department Headquarters no later than January 1st**. If you have any questions, please feel free to contact Mary Spencer at 816-756-3390 x 6287, e-mail mspencer@vfw.org