

Auxiliary to the Veterans of Foreign Wars Esther McComb Award

Nomination Form

NOMINEE:

NAME: _____

AUXILIARY AND NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

(PERSON FILLING OUT THIS FORM)

NAME: _____

AUXILIARY AND NUMBER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ CELL: _____

SOME QUALIFICATIONS NEEDED

1. Current Kansas AUX Member: _____ Life Member _____
2. Active in, Local Auxiliary, District and/or Department.
3. Please list all Activities that make this Nominee a person which stands out in the Auxiliary to the Veterans of Foreign Wars.
4. Nomination Letter(s).
5. List anything that you feel will help your Nominee.

PLEASE ATTACH SHEET OF PAPER WITH
TYPE WRITTEN QUALIFICATIONS

Mail to: Esther McComb Award, VFW Department Headquarters PO Box 1008,
Topeka, KS 66601-1008 by APRIL 1,