

Illinois Veteran of the Month Nomination Form

Please read the **Nomination Guidelines** prior to completing this form. Please attach the **Veteran's DD214** as well as a written summary of the nominee's achievements following the guidelines.

Nominee _____ Date & Place of Birth _____

Home Address _____

Telephone _____ Email _____

Year & Location of Illinois Residency _____

Special consideration is provided to specific nominees for the following months (please check the fields that apply to the nominee)

- February – African American History Month _____
- March – Women's History Month _____
- May – Asian Pacific American Heritage Month _____
- Sept. 15 to Oct. 15 – Hispanic Heritage Month _____
- November – Native American Heritage Month _____
- Late Aug. to Early Sept. – Du Quoin Fair (nominee is resident of Greater Du Quoin area) _____
- August – Illinois State Fair (nominee is resident of Greater Springfield area) _____

Nominator's Name _____

Address _____

Telephone _____ Email _____

Signature of Nominator (required) _____ Date _____

I have read the nomination guidelines and attest that the above information is accurate and true. If selected as a "Veteran of the Month" I agree to attend a public appearance with the Illinois Department of Veterans' Affairs.

Signature of Nominee (required) _____ Date _____

SEND COMPLETED FORM TO:

Illinois Dept. of Veterans' Affairs
Attn: Veteran of the Month
100 West Randolph, Suite 5-570
Chicago, IL 60601
Fax Number: (312) 814-2864