DEPARTMENT OF ARIZONA
AWARD RECOMMENDATION FORM

Department of Arizona Award Criteria: When submitting a request for an award, the request must include all the information regarding what the person or Detachment has accomplished, while serving in the capacity as a Marine Corps League member, a member/Detachment of a subsidiary/subordinate unit or person(s) who exemplify the principles and purposes of which the Marine Corps League. Award recommendations must be type. A second sheet in typewritten form (if needed), as a continuation of page 1. Without the proper endorsements, the request the award recommendation. will be decline and returned to the submitter.

Note: All requests for Department Awards will be forwarded to: Senior Vice Commandant, Chairperson of Awards and Citations Committee.

Note: Award for Marine of the Year and the Associate of Year will be forwarded to Department Adjutant per the Department By-laws and Administrative Procedures.

From: ________________________________
(Name and Title)

To: Department of Arizona Commandant

Via: ___ Senior Vice Commandant, Chairperson Awards and Citations Committee

Via: ___ Chairperson, Marine of Year Committee

Via: ___ Chairperson, Associate of Year Committee

Awardee Information

Name of Nominee:

Detachment Name and Number:

Nominee is a/an (Please check one) Regular ___ Associate Member ___ Other ___ If other, specify _______________

Type of award: Award: ____________________________ MOY: ___ AOY: ___

Justification for Award (Use a second sheet to continue):
Awards, MOY or AOY Committee: Approved □ Disapproved □ Signature □
Awards, MOY or AOY Committee: Approved □ Disapproved □ Signature □
Awards, MOY or AOY Committee: Approved □ Disapproved □ Signature □
Awards, MOY or AOY Committee: Approved □ Disapproved □ Signature □

From: Chairperson, Awards, MOY or AOY Committee
To: Commandant, Department of Arizona
Subj: Award

Please make ready the proper Award Citation.

Signature ___________________________________________

Chairperson