 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)

\_\_\_ Chairperson, Marine of Year Committee

\_\_\_ 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: MOY: \_\_\_\_ AOY: \_\_\_\_

Justification for Award (Use a second sheet to continue):

1

Continuous from page 1

Detachment Commandant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detachment Senior Vice Commandant Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detachment Adjutant Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization

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, MOY \_\_or AOY \_\_ Committee

To: Commandant, Department of Arizona

Subj: Award

Please make ready the proper Award Citation.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson

2