

## Description of Schenectady County Honor-A-Veteran Program

The Schenectady County Council of Veterans Service Organizations is proud to announce the formation of its Honor-A-Veteran Program which will, on a quarterly basis, honor individual veterans who were either born in or currently reside in Schenectady County, NY.

Anyone wishing to nominate a veteran to be honored should fill out the attached application form and mail it to the Schenectady County Veterans Service Agency, 797 Broadway Schenectady, NY 12305.

The following are guidelines to be followed in nominating a veteran for such honor:

- (1) The veteran must have been discharged under conditions other than dishonorable from the United States Armed Forces.
- (2) The veteran should have personal ties to Schenectady County, e.g. born in the County or resided in the County in later years.
- (3) A nomination application must be submitted with a copy of the veteran's discharge, report of separation, copy of DD-214 or report of casualty ( in the case of veterans dying while on duty) and a copy of the veteran's obituary, if applicable.
- (4) A Veteran may only be honored once.

**APPLICATION FOR SCHENECTADY COUNTY HONOR-A-VETERAN**

Please elaborate on all information concerning the veteran so that we may have a full biography for our pamphlet and ceremony. Submitted applications must be accompanied by a copy of the veteran's Discharge, Report of Separation, DD-214 or Report of Casualty (in the case of veteran's dying while on duty) and, if applicable, a copy of the veterans obituary. Applications should be mailed to the Schenectady County Veterans Service Agency, 797 Broadway, Schenectady, NY 12305. If necessary you can call 377-2423.

NAME: (Please include maiden name, if applicable)

DOB:

PLACE OF BIRTH:

DATE AND PLACE OF ENLISTMENT OR ENTRY INTO THE SERVICE:

SIGNIFICANT MILITARY ASSIGNMENTS, ACCOMPLISHMENTS AND AWARDS:

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DATE OF SEPARATION:

DATE OF DEATH, IF APPLICABLE:

PLACE OF BURIAL, IF APPLICABLE:

SCHOOLS ATTENDED AND YEARS:

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EMPLOYMENT:(Please list all jobs with years)

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PARENT'S NAMES: (Please include mother's maiden name, if known)

BROTHER(S) AND SISTER(S) NAME(S):

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SPOUSE: (Please include maiden name, if known)

DATE AND PLACE OF MARRIAGE:

CHILDREN'S NAMES:

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GRANDPARENT'S NAMES, IF KNOWN:

GRANDCHILDREN'S NAMES:

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WHERE DID THE VETERAN GROW UP AND LATER RESIDE:

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DID THE VETERAN RETIRE FROM AN OCCUPATION OR AN ORGANIZATION AND WHEN:

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LIST THE VETERAN'S HOBBIES AND/OR SPECIAL INTERESTS:

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LIST THE COMMUNITY ACTIVITIES IN WHICH THE VETERAN PARTICIPATED:

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LIST THE ORGANIZATIONS TO WHICH THE VETERAN BELONGED:

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**FAMILY CONTACT:**

**NAME:**

**ADDRESS:**

**PHONE:**

**RELATIONSHIP:**

**SEE ATTACHED ADDITIONAL SHEETS (IF NECESSARY)**