



SOUTHEAST DIVISION

AWARD NOMINATION FORM

TO: SEDIV ADVC Jim Stone

FROM: _____
NAME AND TITLE

[Part 1: Awardee Information]

Nominee: _____ MCL Profile ID: _____

Detachment Name and Number: _____

Nominee Is: Regular Member Associate Member

Type of Award: Marine Of The Year Associate Member Of The Year

Justification for Award(s): Please complete the attached letter of recommendation.

[Part 2: Authorization]

Nomination For: _____

Undersigned certify the nominee has been approved by a majority vote of the Detachment.

DETACHMENT COMMANDANT

DATE

DETACHMENT ADJUTANT

DATE

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All information needed for your nomination should be placed on this form. No other letters, pictures, articles, news clippings, etc. will be considered.

Offices held in Detachment, Department, Division, or National:

Committees served on in Detachment, Department, Division, or National:

Awards received in Detachment, Department, Division, or National:

Community service performed:

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Justification for the award nomination: