



# **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

## **AWARD NOMINATION – PAGE 2**

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:**

## **AWARD NOMINATION – PAGE 3**

Justification for the award nomination: