

Board of Directors

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**APPLICATION FOR ACCEPTANCE IN
THE OHIO MILITARY HALL OF FAME**

William (Bill) Edwards
5644 Worcester Drive
Columbus, OH 43232



Board Member Emeritus

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Director, Ohio Department of Veterans Services
Jody White

Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Street Number and Name: _____

City: _____ State: _____ Zip Code _____

Email Address: _____ Schools Attended: _____

SSAN: _____ - _____ - _____ Branch of Service: _____

Place of Birth: _____ Entered Service From: _____

Date of Service: _____

List All Service Numbers:

I was awarded the following medal for a specific act of VALOR.

Medal of Honor _____

Distinguished Service Cross _____ Navy Cross _____ Air Force Cross _____

Silver Star _____

Distinguished Flying Cross for **HEROISM** _____ (Does not qualify when awarded for Meritorious Achievement)

Bronze Star with **“V” Device** _____ (Does not qualify when awarded for Meritorious Achievement or award of CIB during WWII.)

Air Medal with **“V” Device** _____ (Does not qualify when awarded for Meritorious Achievement)

Commendation Medal with **“V” Device** Army _____ Navy _____ AF _____ USMC _____ CG _____

Other While Serving With Friendly Foreign Forces (Please Specify):

The above award was made for action in _____

_____ Date _____

VALOR

APPLICATION FEE

\$35.00

Make Check Payable to “Ohio Military Hall of Fame for Valor”

All Gave Some, Some Gave All

www.ohioheroes.org

THE OHIO MILITARY HALL OF FAME

Attached please find the following Exhibits for verification of the award listed on page 1.

Form DD-214 or Equivalent (REQUIRED FOR ACCEPTANCE) _____
Copy of Medal Certificate and Citation accompanying the award _____
Copy of the General Order for the Award _____
Other (Please Specify) _____

Please provide the name of your:

State Senator: _____

State Representative: _____

AFFIDAVIT AND AUTHORIZATION

The undersigned hereby acknowledges that the submission of false documentation for an award can and will be punishable by law. The undersigned hereby authorizes any member of The Board of Directors of The Ohio Military Hall of Fame to authenticate my individual personnel records from The Military Personnel Records Center in St. Louis, MO and conduct a background check, if deemed necessary by the Board of Directors. I agree to have my contact information released to the press in connection with the induction ceremony, in compliance with our long standing policy.

Signature

Date

Daytime Phone Area Code & Number

Night Phone Area Code & Number