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Ohio Military Hall of Fame for Valor

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Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Street Number and Name: _____

City: _____ State: _____ Zip Code _____

Email Address: _____

Service Number: _____ Branch of Service: _____

Place of Birth: _____ Entered Service From: _____

Dates of Active-Duty Service: _____

Veteran 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** _____ (Subject to Citation Review)

Bronze Star **with "V" Device** _____ (Subject to Citation Review to verify Heroism/Valor)

Air Medal **with "V" Device** _____ (Subject to Citation Review to verify Heroism/Valor)

Commendation Medal **with "V" Device** _____ (Subject to Review to verify Heroism/Valor)

Achievement Medal with "V" Device _____ (Subject or Review to verify Heroism/Valor)

The above award was made for action in (War/Conflict) _____

Date of action on citation: _____

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, if available. _____
Other (Please Specify) _____

Please provide the name of your State Legislators if you know who they are. If not, we can research based on point-of-contact address. Reason: we request a personal commendation for you from each of them, as well as other elected officials:

Ohio Senator: _____

Ohio Representative: _____

AFFIDAVIT AND AUTHORIZATION

The undersigned hereby acknowledges that the submission of false documentation for an award may 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 Military Records Sources and conduct a background check, if deemed necessary by the Board of Directors. The undersigned agrees to have contact information released to the media in connection with the induction ceremony, in compliance with our long-standing policy.

Signature

Date

Primary Phone Number with Area Code

Secondary Phone Number