

**Nomination Form
for
PIECEMAKERS for VETERANS**

REQUIREMENT: Ashe County (Full or Part-time) Residency and Honorable Discharge

Name: _____

Nickname or Preference: _____

Rank: _____ **Age:** _____ **Nominee's Phone Number:** _____

Branch of Service:	Army <input type="checkbox"/>	Coast Guard <input type="checkbox"/>
	Air Force <input type="checkbox"/>	National Guard <input type="checkbox"/>
	Marine <input type="checkbox"/>	Navy <input type="checkbox"/>

Combat Action: **WWII** **Korea** **Vietnam**
Afghanistan/Iraq **No Combat Action**
Other _____

Dates of Service: _____

Career Specialty (explain): _____

Name of Person Submitting Nomination: _____

Relationship to Nominee: _____ **Phone #:** _____

Date of Application: _____

Sponsored Service Project by Ashe County Piecemakers Quilt Guild