

MILITARY AWARDS FORM

Name: _____ Rank (Title) & Branch: _____ Year of Birth: _____

Spouse Name (if applicable): _____ Year of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail Address: _____

Social Security Number: _____ (Please provide – see note below)

Are you a chaplain? Yes No

How did you hear about the Military Awards Program? _____

Please note: Requirements for eligibility for an award:

- Are you currently on Active Duty? Yes No (Please circle one)
- If Reservist or National Guard, are you still deployable? Yes No (Please circle one)
- Are you now, or have you been Deployed/Mobilized in the Global War on Terror?
Yes No (Please circle one)
If "Yes", please list general area of Deployment/Mobilization: _____
- Please tell us where you are currently stationed: _____

Name/Date of seminar you wish to attend: _____

Applicant's Signature

Date

Please return this form to:
The Billy Graham Training Center at The Cove
Attn: Military Award Committee
P. O. Box 19223
Asheville, NC 28815
fax: (828-771-4808) or email to: nwright@thecove.org

Please Note: This award could be considered taxable income. This form is being used as a Substitute Form W-9 for obtaining your tax information. The fair market value of any award given will be sent to you later in the year for your tax records. Please let us know if your mailing address changes during the year.

For Office Use Only

Amount of Award granted: \$ _____

Authorized Signature: _____ Date: _____