



UNICO NATIONAL

The Largest Italian American Service Organization in the United States
"Service Above Self"

THE ANTHONY FORNELLI ITALIAN AMERICAN WAR VETERANS AWARD APPLICATION

NAME (last, first, middle initial) _____

PERMANENT OR CURRENT DUTY STATION ADDRESS _____

CITY _____ STATE/COUNTRY _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

BRANCH OF SERVICE _____ DATE ENLISTED (month, date, year) ____/____/____

CURRENT OR HIGHEST RANK ATTAINED _____ DATE OF RANK ____/____/____

CURRENT STATUS < ACTIVE DUTY > RESERVES > NATIONAL GUARD > RETIRED > DISCHARGED

(If retired or discharged give separation date ____/____/____)

MILITARY OCCUPATION SPECIALTIES (MOS) (list by name & number past & present) _____

_____ (attach separately if needed)

DUTY STATIONS (include dates from enlistment to present) _____

_____ (attach separately if needed)

AWARDS/CITATIONS _____

_____ (attach separately if needed)

NOTE: INCLUDE WITH SUBMISSION A COPY OF FORM DD214 OR UPDATED/CORRECTED DD215 FORM

CONFIRM AVAILABILITY TO ATTEND THE AWARD CEREMONY (location, date and time as set forth in the Convention Advisory Guidelines, to be supplied through the National Office) < YES > NO

NAME THE AWARD BEING APPLIED FOR _____ DATE ____/____/____

Names and Titles of Chapter, District Officers, National Office or Committee individuals making this submission (see guidelines)

Name & Title (print) _____ Signature _____

Name & Title (print) _____ Signature _____

NOTE: ALL SUBMISSIONS MUST BE RECEIVED BY THE NATIONAL OFFICE BY FEBRUARY 1ST

(Refer to Award Guidelines for Specifics)