Print this document, attach all required supporting documetation and email to brenna.d.holder@us.army.mil

Mississippi National Guard Non-Commissioned Officers Association
Award Nomination Form

SELECT THE TYPE OF AWARD RECOMMENDATION (X in the box):

☐ **MERITORIOUS SERVICE AWARD** to recognize any member or former member of the Association who has distinguished themselves with an exceptionally meritorious service or act to their fellow man.

☐ **PRESIDENT'S AWARD** (Recommendation Only) for someone who distinguishes themselves with outstanding contribution or act to the Mississippi National Guard Non-Commissioned Officers Association.

☐ **CERTIFICATE OF ACHIEVEMENT** to provide the President a means of expressing to any individual or group appreciation for exceptional performance whereby the Association has benefited.

☐ **CERTIFICATE OF APPRECIATION** to recognize anyone or any group whom the President deems worthy as a result of support of, involvement with, or service to the Association.

☐ **CERTIFICATE OF GOOD AND FAITHFUL SERVICE** to recognize a member of the Association or it's Auxillary for good and faithful service which was accomplished on behalf of the Mississippi National Guard Non-Commissioned Officers Association.

☐ **TRAVELING NCO OF THE YEAR** for any member or former member who has contributed and been recognized as the "Outstanding Supporter" of the Mississippi National Guard Non-Commissioned Officers Association.

☐ **OUTSTANDING LOCAL CHAPTER AWARD** for any local chapter which has accomplished outstanding support to it's community and the Mississippi National Guard Non-Commissioned Officers Association.

☐ **GIFTS/MOMENTO ITEMS** deemed acceptable by the President and given to anyone who has helped the Association promote it's goals, welfare, and professionalism of the NCO's in the National Guard of Mississippi.

NAME OF NOMINEE/ORGANIZATION:
(RANK, LNAME, FNAME, MI OR ASSOCIATION OR ORGANIZATION)

ADDRESS:

CITY: **STATE:** **ZIP:**

TELEPHONE: **UNIT:**

UNIT ADDRESS:

DESCRIPTION OF SERVICE OR ACT:

0

THIRD PARTY REFERENCE NAME: **TELEPHONE:** -

NOMINATION SUBMITTED BY:
(RANK, LNAME, FNAME, MI)

ADDRESS:

CITY: **STATE:** **ZIP:**

TELEPHONE: **UNIT:**

SUPPORTING DOCUMENTS CAN BE ATTACHED: ATTACH DOCUMENTS