

# National Society, Sons of the American Revolution

## General William C. Westmoreland Award

**BEFORE** starting on your General William C. Westmoreland Award Entry Form below, please follow the "Save" instructions.

Use the "Save to Your PC" button. Add the Compatriot's Name to the front of the Saved file Name. For example, "George Compatriot General William C. Westmoreland Award Entry Form.PDF". Now **CLOSE** the web page and **OPEN** the saved File on your PC to Continue.

*When you place your mouse over most of the "text" data entry fields below, a feature called a "tooltip" will display as a window/popup to give you additional instructions concerning what should be entered in that field.*

**Deadline for Submission January 1<sup>st</sup>**

Compatriots Name:

State Society:

Chapter Name:

Address:

City: State: Zip+4:

Phone: Email Address:

National Number: State Number: Year Joined SAR:

Chapter Veterans Committee Chairman:

Chairman's Address:

City: State: Zip+4:

Phone: Email Address:

Chapter President:

Name of Person Responsible for Recommendation to National Veterans Committee

*This information is needed in case we need additional information on the candidate  
(may leave blank, if you are the Chapter Veterans Committee Chairman, but please note that below)*

Name:

Address:

City: State: Zip+4:

Phone: Email Address:

**ALL Work Must be done as an SAR Veterans Project**

What is the name of the VA Hospital that Volunteer is certified?

How many hours has Volunteer served at VA Hospital?

If not certified at VA Hospital, please provide the name where candidate serves:

Has candidate ever received the "Service to Veterans" Medal? Yes No is so, what year?

Has he ever received a bronze cluster? Yes No is so, how many?

How many years has he served on chapter Veterans Committee?

How many years has he served on State Veterans Committee?

Has candidate ever served on National Veterans Committee?	Yes	No
Has candidate served as Chairman of Chapter Veterans Committee?	Yes	No how long?
Has candidate served as Chairman of State Veterans Committee?	Yes	No how long?
Has candidate ever been Chairman of National Veterans Committee?	Yes	No

If yes, how long was candidate Chairman of the National Veterans Committee?

Number of hour's candidate has driven to VA Hospital or to help veterans?

Number of miles candidate has driven to VA Hospital or to help veterans?

Number of Items donated to Veterans?

Cash contributions to Veterans Services?

Does candidate belong to any other organizations that work with Veterans?	Yes	No
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If yes, List below:

Special events for Veterans sponsored by Volunteer at an SAR event.

List of accomplishments by Volunteer in regards to Veterans programs.

Please list any additional items that you think should be considered. Attach additional pages if necessary.

Use the "**Click to Email**" button below to email the "renamed" form as an Attachment. By clicking on the Email button below, this document will be sent to the Chairman of the NSSAR Veterans Committee.

Please request a "**Read Receipt**" so that you will know that your email was received.

**OR**

This document can be printed and **MAILED** with any attachments to:

Executive Director **Send copy to Your State Veteran's Committee Chairman**  
National Society Sons of the American Revolution  
~~1000 South Fourth Street~~ 809 W Main Street  
Louisville, Kentucky ~~40203-3208~~ 40202