**TOWN OF NORTHBRIDGE**

**TRUSTEES OF SOLDIERS’ MEMORIALS**

**OUTSTANDING COMMUNITY SERVICE**

**AWARD NOMINATION**

1. **PURPOSE**

After serving our country in the military, many of our town’s veterans have come home to Northbridge and continued to serve our community with distinction, giving outstanding leadership to their church, town, or other communities activities. The Trustees of Soldiers’ Memorials would like to honor one of these special individuals annually.

1. **THE PLAN**
   1. Any organization or individual could nominate an individual by completing a Nomination Form to the Trustees of Soldiers’ Memorials with the following criteria:
      * The nominee would be any veteran, living or dead, who resides or did reside in Northbridge.
      * Nominations must be submitted to the Trustees of Soldiers’ Memorials at the Northbridge Town Hall, 7 Main Street, Whitinsville MA 01588 by **May 1st.**
      * Veterans who have specifically been recognized with a Square or Memorial will not be eligible.
      * Individuals will be considered for outstanding community service outside of their military service.
      * One individual will be selected each year and will be recognized at the town’s Memorial Day Service with a plaque affixed to one of the benches located around town
2. **THE NOMINATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_zip\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Service Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY OF THIS VETERAN’S ACTIVITY** (attach additional pages with nominee’s

achievements)

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**SUBMITTED BY:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (revised 3/21/23)