



AWARD FOR AN **INDIVIDUAL** DOING OUTSTANDING WORK
IN A NON-VA (COMMUNITY) NURSING HOME OR
LOCAL HOSPITAL

NAME _____ AUXILIARY # _____

Name of Nursing Home or Local Hospital: _____

List duties, # of Veterans Benefiting, Monies Spent, etc:

Total Hours: _____

Total Miles: _____

Signed: _____
Local President Local Secretary

Submit application to Department Headquarters, by May 1st.

Revised 9/2008, JKR