



MARLENE KLINEFELTER PDP, ALL AROUND YOUTH AWARD

NAME OF YOUTH: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

SPONSORED BY AMVETS POST #: _____

ACTIVITIES PARTICIPATED IN:

CHILD WELFARE

HOURS: _____

PROJECTS: _____

COMMUNITY SERVICE

HOURS: _____

PROJECTS: _____

AMERICANISM

HOURS: _____

PROJECTS: _____

HOSPITAL (VAVS)

HOURS: _____

PROJECTS: _____

(LIST ADDITIONAL PROJECTS ON OTHER SIDE).

Submit Application to: Department Headquarters by May 1st.

REVISED: 9/08