



PDP CHERRY TURNER JR. AMVET CHILD WELFARE AWARD

Most Outstanding Project for the Benefit of Children.

Name of Jr. AMVET Unit: _____ Post #: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Total of Hours: _____ Total of Volunteers: _____

Description of Project:

Signature: _____
Local President

Signature: _____
Jr. AMVET Advisor

Submit Application to Department Headquarters, by May 1st.