



Rep. Stephanie Bice



Oklahoma's Fifth Congressional District Veteran in the Spotlight Nomination Form

Thank you for your interest in nominating an individual to be recognized as the Fifth District Veteran in the Spotlight. The individual you are nominating must be a resident of the 5th Congressional District of Oklahoma. Upon receipt of the completed form, a committee of veterans representing various organizations throughout our community will review the information provided and make a final selection. Veterans in the Spotlight will be recognized each month. Should your nominee be selected, they will be required to provide a DD-214 verifying their service. Please ensure that all information provided in this form is complete and accurate to the best of your knowledge. Please return completed nomination forms by e-mail to contact.bice@mail.house.gov.

STEP 1

Nominator Information

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____

Email _____

STEP 2

Nominee Information

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____

Email _____

Branch of Service (Incl. National Guard) _____

Dates of Service _____ Rank/Grade _____

Duty Station _____

3

Please briefly describe this nominee's military service. Please be sure to include any awards or special recognition that they may have received.

[illegible]

4

Please describe any community service involvement or civic engagement undertaken by this nominee.

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STEP 5

Additional Information

Please include any additional information you feel makes this nominee an outstanding choice to be recognized as the 5th Congressional District's Veteran in the Spotlight.

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STEP 6

Sign and Date

I hereby declare that the individual I am nominating is a resident of the 5th Congressional District of Oklahoma. I certify that, to the best of my knowledge, all the information contained within this form is complete and accurate.

Print Name _____

Signature _____ **Date** _____