

**NATIONAL MARINE CORPS LEAGUE AWARD
RECOMMENDATION FORM**

National Award Criteria: When submitting a request for a National award, the request must include all the information regarding what the person has accomplished, while serving in the capacity as a Marine Corps League member, a member of a subsidiary/subordinate unit or person(s) whom exemplify the principles and purposes to which the Marine Corps League was founded.
Award recommendations must be legible. A blank second sheet in typewritten form is recommended, preferably in at least 12 point times new roman, as a continuation of the award recommendation.
The request must be accompanied by the required endorsements. Without the proper endorsements, the request will be denied and returned to the submitter.
Note: All requests for National Awards must be submitted directly to: Chairman, National Awards Committee at the address listed on the National Roster.

From: Name and Title, if any	To: National Commandant	Via: (1) Department Commandant (2) National Division Vice Commandant (3) National Awards and Citations Committee
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A. Awardee Information

1. Name of Awardee or (Proposed New or Change to existing Award)	2. Detachment Name and Number	3. Dept
4. Awardee is a/an (Please check one) <input type="checkbox"/> Regular Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Other If other, specify _____ (Auxiliary, Young Marine, JROTC, etc.)		5. Mbr Number: 5b. Profile ID:
6. Type of Award	7. Anniversary Ribbon chartered (day) (month) (year)	

8. Justification for Award / PLEASE PROVIDE DETAILED SUMMARY OF ACTION (Use page 2 sheet to continue.):

CONTINUE ON PAGE 2

B. Authorization

(1 st Endorsement) Recommendation for _____ <div style="text-align: right; font-size: small;">Recipients Name</div>	(2 nd Endorsement) Recommendation for _____ <div style="text-align: right; font-size: small;">Recipients Name</div>
(Please check one) Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	(Please check one) Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
_____ <small>TYPE Signature: Department Commandant Department Date</small>	_____ <small>TYPE Signature: National Division Vice Commandant Division Date</small>

C. Committee Use Only

From: National Awards and Citations Committee Subject:

Award

Recommendation for _____ We, the National Awards and Citations Committee hereby:

Recipients Name

Approve Disapprove _____ to _____ receiving of this award in accordance with

Recipients Name

the National Bylaws and Administrative Procedures as set forth in Enclosure Four (4).

Chairman		Date

(If disapproved) recommendation for the recipient to receive _____

**NATIONAL MARINE CORPS LEAGUE
AWARD RECOMMENDATION FORM**

JUSTIFICATION FOR AWARD ADDITIONAL INFORMATION SECTION