

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: <i>National Commandant</i>	<i>Via:</i> (1) <i>Department Commandant</i> (2) <i>National Division Vice Commandant</i> (3) <i>National Awards and Citations Committee</i>
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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
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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:
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6. Type of Award	7. Anniversary Ribbon chartered (day) (month) (year)
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8. Justification for Award (*Use page 2 sheet to continue.*):

CONTINUE ON PAGE 2

B. Authorization

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

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AWARD RECOMMENDATION FORM**

JUSTIFICATION FOR AWARD ADDITIONAL INFORMATION SECTION