



## Hometown Hero Banner Application 2026

Name of Hero: \_\_\_\_\_ Hometown: \_\_\_\_\_

Is the Hero: Alive\_\_\_ Deceased\_\_\_ POW/MIA\_\_\_ KIA\_\_\_ Military Branch\_\_\_\_\_

Era of Service (Please check all that apply):

☐ **World War I** ☐ **World War II** ☐ **Korean Conflict**

April 6, 1917-November 11, 1918 December 7, 1941-December 31, 1946 June 27, 1950-January 31, 1955

☐ **Vietnam** ☐ **Cold War** ☐ **Persian Gulf**

November 1, 1955-May 7, 1975 September 2, 1945-December 26, 1991 August 2, 1990-August 31, 1991

☐ **Gulf War/OEF/OIF**  
August 2, 1990-Present

☐ **First Responder**

Who has actively served the community

Message for bottom of banner: *(Family name, individual or business sponsor name, etc.)*

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Name of Person submitting photo: \_\_\_\_\_ Phone# \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Hero: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_

**Photo Release Statement:** I hereby grant Historic Bellefonte Inc. permission to use the attached photo (which includes a likeness of myself or my relative) in the 2026 Hometown Hero Banner Program and for Historic Bellefonte Inc.'s promotional use. In addition, I take full responsibility that all information provided about the Hero(s) being honored is accurate and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date submitted)

**Please make checks payable to: Historic Bellefonte Inc.**

**You may drop off at Bellefonte Borough Office, 301 N Spring St Suite 200 Bellefonte, Hours 8-4:30 Mon-Fri**  
**OR**

**Representative Kerry Benninghoff's Office 140 W High St Bellefonte, Hours 8-4:30 Mon-Fri**

**Or mail to:**

**Historic Bellefonte Inc.**

**PO Box 14**

**Bellefonte, PA 16823**

**DEADLINE FOR APPLICATION IS MAY 15, 2026**

Banner paid in full (\$250.00)\_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT FILL OUT BELOW THIS LINE**

Photo Image approval for print \_\_\_\_\_ Date \_\_\_\_\_