

Lea County Heroes Project Nomination Form

# Who Qualifies

Nominees must be current or former members of the United States Armed Forces who reside in or have resided in the Lovington, New Mexico area (88260 ZIP code). This includes honorably and General discharged veterans and currently serving military personnel.

If the applicant was not honorably discharged, please contact us directly at LeaCountyNMHeros.org/ or on Facebook for further guidance before submitting a nomination.

***Send completed form and photo to leacountyheroes@gmail.com***

# Required Documentation

* Please include the following with your nomination form:
* Copy of DD214 (or proof of active service)
* Proof of Lovington residency (utility bill, driver’s license, etc.)
* Signed and notarized local background check waiver
* High-quality photograph of the nominee (A professional in uniform)
* Sponsor information (if applicable)

# Nominee Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Dates (From – To): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Share the veteran’s story — “Their military service, achievements, and notable moments. Include when and where they served, the branch of service, and any special honors received. Tell us about their family and personal life. This should be a short, heartfelt narrative that helps the community truly know and appreciate the veteran and their legacy."

(Add additional sheet if more room is needed)

# Sponsor Information (if applicable)

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Certification

I certify that the information provided is true and accurate to the best of my knowledge. I understand that submitting this form does not guarantee selection and that all applications are subject to review and approval.

Signature of Nominee or Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_