



# Nomination Form

## **Nomination of a Service Member or Living Veteran who has been Touched by War for a Quilt of Valor®**

Before completing this nomination form for a Quilt of Valor® (QOV), please read the following information carefully and review our Privacy Policy located on our website at [www.QOVF.org](http://www.QOVF.org)

In 2003 Catherine Roberts, the QOVF Founder, created the concepts that underpin the QOVF mission statement: to cover Service Members and living Veterans touched by war with comforting and healing Quilts of Valor. To further explain the concepts behind the mission statement and help you with nominating a Service Member or Veteran touched by war for a QOV, please review the below information.

### **What does “touched by war” mean?**

What does “touched by war” mean? Only Service Members or living Veterans of the Armed Forces know what touched by war means to them, if they have been touched by war or whether they wish to share their experiences. We honor their wishes and do not judge. Service Members and Veterans may be touched or affected by war in direct and indirect ways, sometimes with long-lasting impact. Here are examples meant to help you better understand the phrase touched by war. They are not all inclusive:

- Engaged in direct combat, no matter when or where, in declared or undeclared wars or conflicts;
- Serving while in harm’s way providing support and supply to those engaged in battle, combat or preventing conflicts;
- Caring for the casualties, injured, and ill on the frontlines, in-theater, deployed or in hospitals and medical centers overseas or stateside;
- Providing casualty assistance to families of the fallen, escorting the fallen or remains and/or participating in honor guards;
- Being wounded or injured in training for combat or direct support of combat;
- Being there to listen, minister and support others struggling with demons of being in a war zone.

### **Who is eligible to be awarded a Quilt of Valor?**

Service Members and living Veterans that served in the U.S. Armed Forces. Members of the activated National Guard and activated or active duty-special work (ADSW) reservists are included. The Army National Guard and Air Force National Guard are components of the Army and Air Force respectively. Merchant Marines activated from 1941 to 1945. Only Veterans with an Honorable, Medical or General Discharge status are eligible. QOVF does not award posthumously.

### **Are Service Member’s or Veteran’s families or other family support personnel eligible for QOVs?**

No, they are not. QOVF awards quilts only to Service Members and living Veterans of the U.S. Armed Forces. QOVF acknowledges and appreciates the support of families. We also remember and honor those who have given their lives for our freedoms, but do not award QOVs posthumously.

### **Quilts of Valor® Foundation | [www.QOVF.org](http://www.QOVF.org)**

Our Mission: to cover Service Members and Veterans touched by war with comforting and healing Quilts of Valor. The Quilts of Valor Foundation is a non-profit organization established and operated in accordance with section 501(c)(3) of the US Internal Revenue Code.

## General Information

1. To my knowledge, this recipient has been “touched by war” and a Quilt of Valor® would bring comfort and healing?  Yes  No

2. To my knowledge, this recipient has NOT previously been awarded a Quilt of Valor?  Yes  No

3. This award is not intended as a surprise, gift or a present for a birthday, anniversary, retirement or other celebration.  I Agree

*If unsure of any of the above, you must verify above information before submitting the nomination; see criteria on first page of form.*

4. Relationship to Recipient?  Self  Family Member  Friend  Other \_\_\_\_\_  
 Coordinator of Group Award (Please provide the required information for each recipient)

## Recipient Information - all fields are required except county and nickname

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Male  Female Preferred Nickname: \_\_\_\_\_

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

Address Line 2: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

County (if known): \_\_\_\_\_

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

**Current Status:**  Active Duty  Veteran Discharge Status:  Honorable Conditions

## Armed Forces Branch of Service (Army and Air Force include activated National Guard and Reservists)

Army  Navy  Air Force  Marine Corps  Coast Guard  
 Space Force  Dover Mortuary (AFMAO)  Merchant Marines (1941-1945)

Dates of Service (year to year): \_\_\_\_\_

Current or Discharge Rank: (e.g.: E1-E10, WO1-WO5, and O1-O10) \_\_\_\_\_

## Where did the service member or veteran serve? (Check all that apply)

*Awards for nominees currently deployed will be planned upon their return.*

World War II  Korean Conflict  Vietnam War  Persian Gulf War  Cold War  
 Operation Enduring Freedom (OEF)  Operation Iraqi Freedom (OIF)  
 Operation New Dawn (OND)  Gulf War/ Desert Shield/Desert Storm (ODS)  
 Other Wars or conflicts \_\_\_\_\_

Please use the last page to provide information about locations of service (e.g., stateside, deployments, countries). Example: France, Germany, Korea, Vietnam, Panama, Beirut, Granada, Bosnia, Iraq, Afghanistan, Africa, Somalia, the Middle East, anti-terrorism operations and terrorism attacks against Armed Forces personnel. You may also provide comments about the nominee regarding unit or ship assignment, duties or responsibilities while serving, experiences, or other information that will help personalize and make the ceremony meaningful for the recipient.

**Contact Information for the Requester (required)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Relationship to Recipient?  Self  Family Member  Friend  Other \_\_\_\_\_  
 Coordinator of Group Award. For Group Award Events: Please provide the required information on separate forms, a chart or spreadsheet for each recipient.

**If you have coordinated this nomination with a local QOVF group or individual, please add the name of the group, the group number if known, or the name of the person you contacted:**

Group Name \_\_\_\_\_ Group Number: \_\_\_\_\_

Member Name \_\_\_\_\_

**How did you hear about the Quilts of Valor Foundation?**

- Family or friend
- Awarded a Quilt of Valor
- Social Media Facebook, Twitter, etc.
- QOVF Website
- QOVF Booth
- Quilt Guild
- I am a QOVF Member
- Another Veteran organization (e.g.: American Legion, VFW, VVA, IAVA, MOPH, DAV)
- From another Veteran or Service Member
- Attended an Award of a Quilt of Valor
- News Story TV, newspaper or magazine
- QOVF Brochure
- QOVF Certified Quilt Shop
- Community Event fair, festival, workplace
- I am a QOVF Volunteer

*I certify that I have read the QOVF Mission Statement, all of the information on the first page and affirm the information I provided is accurate.*

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

E-mail, mail or hand deliver to your Local QOVF Group Leader or Member that gave you this form.

**Group Name:** The Village Quilters Inc.  
**TVQOV Group # 11248**  
**Address:** 145 Awohili Drive, Loudon, TN 37774  
**Email:** quiltsofvalor@villagequilters.com **OR** villagequiltersloudon@gmail.com

*QOVF Member: If a specific group or individual will handle this nomination, or is making the quilt, please ensure to add this in the Additional Information section when you enter the request through the online submission.*



