OUTSTANDING DISABLED VETERAN
AWARDS BULLETIN
For 2016

Release date: November 10, 2015

NATIONAL COMMANDER'S AWARD
FOR THE
OUTSTANDING DISABLED VETERAN OF THE YEAR

We are pleased to announce the National Commander's Awards Program to honor an Outstanding Disabled Veteran. In order for this to be a success, we need the support of all Chapters and Departments, and therefore, encourage every Department to submit a nominee. We believe there is a deserving candidate within each Department who should be recognized by DAV.

- The nominee for the nation’s Outstanding Disabled Veteran of the Year need not be a member of DAV but must be eligible for membership.

The National Commander's Award recipient will be provided with a round-trip airline ticket to Atlanta, Georgia to receive the award at the National Convention; hotel accommodations for a maximum of five (5) nights; and following the convention, a voucher will be completed for reimbursement of per diem expense for meals and incidentals for each night’s lodging.

The following rules outline the procedures to be followed in making nominations. All nominations must be submitted with the complete information and necessary photos no later than February 26, 2016. Submittals should be sent to Jim Marszalek, National Service Director, Disabled American Veterans, 807 Maine Ave, S.W., Washington, D.C. 20024.

We wish to thank those Departments who have consistently participated and supported this program by submitting quality nominations. We urge your continued support. We also request other Departments that have not been involved in the program to assist us this year in this most important endeavor.

In an effort to ensure consistency in your nominations, we are including a nomination form. We believe this will simplify your work and speed up the process.
With your cooperation and participation, this program can be very efficient and effective. Any questions should be directed to the undersigned.

J. MARC BURGESS
National Adjutant

JMB:aje
RULES GOVERNING THE PROGRAM
FOR THE
NATIONAL COMMANDER'S AWARD
FOR
OUTSTANDING DISABLED VETERAN

The following is a list of rules to be observed in the selection of the nominee for the National Commander's Award for the Outstanding Disabled Veteran. The following information must be submitted:

- Name, address, birth date, home and work phone numbers and a fax number of nominee.

- Nominees must be service-connected disabled veterans. If a member of DAV, please supply Chapter affiliation. If not a current member, the nominee must be eligible for membership.

- Nominees must have overcome their disabilities to such an extent that they have become useful and productive members of society and serve as an inspiration to other disabled veterans and to their community. Submit information about personal rehabilitation and involvement with DAV and other community groups.

- The major disability of the nominee must be service-connected. Indicate the nominee's service-connected disability.

- The term service-connected disability shall mean one which was incurred during time of war as defined by our Constitution and By-Laws and has been rated service-connected by the Department of Veterans Affairs. In lieu of this, eligibility will be established if the veteran can submit proof of disability retirement from the military.

- All nominations must be submitted with the full consent of the nominee authorizing us to use the person's name, picture and story for publicity purposes. The nominee's signed written consent must be submitted for consideration.

- Each nominee's application must be accompanied by an 8” by 10” glossy photograph or as an electronic .jpg file on a recordable compact disk (CD-R) with a minimum resolution of 300 dpi of the nominee suitable for publicity purposes.

Nominations:

- Nominations for the Outstanding Disabled Veteran must generally be made by a Department of the DAV from Chapter nominees. Departments are encouraged to accept nominations from individuals in addition to Chapters. We have had requests from LVERs and DVOPs who want to submit their nominations to Departments. There is no prohibition against such nominations. Previous years' candidates may be renominated, excluding, of course, any former winner of the national award. Nominations will also be accepted from the National Amputation Chapter and the National Blind Veterans Chapter and employers.

- In the case of any Chapter that does not belong to a Department, an exception will be made to this rule, and nominations will be accepted from any of the individual Chapters
in such state or from any Chapter-at-Large. If a Department chooses not to participate, we will accept a nomination from a Chapter.

**Selection of recipient for the Outstanding Disabled Veteran:**

- The nature and severity of the disability will be considered;
- Persistence and initiative of the nominee in surmounting the disability;
- Achievements in overcoming the disability from an economic and employment standpoint will be considered; and
- Contributions and achievements in such areas as assistance to disabled veterans and other disabled persons, participation in civic activities and other actions which clearly demonstrate responsible citizenship.

**Administration:**

The Department Adjutant should be responsible on the state level for the administration of this program. The National Service Director shall be responsible on the national level.

Each Department may submit only one nomination for this award.

**Limitation of submitting nominees:**

In order that proper consideration may be given to each nominee by the committee that will select the winner, all nominations must be received no later than February 26, 2016. The selection by the committee of the individual to receive the National Commander’s Award will be final. Any nominations received after February 26, 2016, will not be considered for the award and will be returned.

**Publicity:**

All Chapters are urged to publicize this program through their local media. Efforts should be made on the state level to have the Governor of each state set up an outstanding disabled veteran employee program for the state. This would encourage employers, as well as employment representatives, to put greater focus on the employment of disabled veterans. It may be advisable for each Department Commander to set up a “kickoff date” for the state program for a State Commander's Award. There is, of course, nothing to prevent a local Chapter from presenting its own award.

**Expenses:**

It should be thoroughly understood that the only expenses borne by the National Organization will be in supplying the National Commander's Award and in providing the recipient with a round-trip airline ticket to Atlanta, Georgia to receive the award at the National Convention. Hotel room and tax will be billed to the DAV master account for a maximum of five nights. Subsequently, a voucher will be completed for reimbursement of per diem expense of $75.00 for meals and incidentals for each night’s lodging. There will be no expenses borne by the National Organization for any part of the program having to do with any Department Commander's Award or for any Chapter award program. If the selectee is not a member, a full paid life membership will be provided by the National Organization.
NATIONAL COMMANDER’S AWARDS
OUTSTANDING DISABLED VETERAN OF THE YEAR
2016
DEPARTMENT OF

__________________________________
(State)

Nominee’s Name ____________________________________________________________

Nominee’s Home Address ____________________________________________________

Nominee’s Work Address _____________________________________________________

Phone __________________________________________ (Home) ____________________ (Work) ____________________ (Fax)

Military Service
Date(s): _________________________________________________________________

Date of Birth ___________ Marital Status ______ Spouse’s Name _______________________

Membership Status: Life ____________ Annual ________________ (Check One)

Chapter No. _______ State ______________________________

List Disabilities:

1) Service-connected: (Attach narrative description how disabilities were incurred.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

2) Nonservice-connected:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

3) How nominee overcame handicap(s): (Attach additional sheets if necessary.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Nominee’s achievements:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Nominee’s involvement with DAV and community groups:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Submitted By:

________________________________________________________________________________________________________

(Name)

(Title)

(Street)

(City, State, Zip Code) (Phone)

Approved By: (Requires at least one signature.)

Department Commander Department Adjutant Department Employment Chairman

**PLEASE ENCLOSE THE FOLLOWING:**

1. Include a copy of the nominee’s resume.

2. Include a narrative of why nominee was selected.

3. Include an 8” X 10” glossy photograph or as an electronic.jpg file on a recordable compact disk (CD-R) with a minimum resolution of 300 dpi of the of nominee suitable for publicity purposes.

4. Include signed nominee consent form.
OUTSTANDING DISABLED VETERAN OF THE YEAR

CONSENT FORM

I, ______________________________________ hereby authorize DAV to use my name, photo and biographical information in connection with the National Commander's Awards Program.

__________________________________________
(Signature)

__________________________________________
(Date)