



Application Form

Applicant's Information

Your Name: _____

Your Phone Number: _____

Your Email Address: _____

Your Address: _____

Your Relationship To Veteran: _____

Veteran Information

Veteran Name To Be Placed On Banner: _____

Years As A Resident Of Allen County: _____

Did Veteran Graduate From Allen County: ____ Yes ____ No If So What Year: _____

Years Of Service: _____

Rank/Title: _____

Purple Heart Recipient: ____ Yes ____ No

Gold Star Recipient: ____ Yes ____ No (died in active service)

POW: ____ Yes ____ No

Other Medals or Honors Received, Please List Below:

Please include verification of military service, such as DD214, SF180, etc., and a photo of the veteran. Photos must be clear and high-resolution to ensure quality display. Please do not take a photo of a photograph.

Branch of service please check all that apply:

__ Air Force

__ Air Reserve

__ Air National Guard

__ Army

__ Army Reserve

__ Army National Guard

__ Coast Guard

__ Coast Guard Reserve

__ Marine Corps

__ Marine Corps Reserve

__ Navy

__ Navy Reserve

__ Space Force

Served in please check all that apply:

- ☐ Peace Time
☐ American Revolution (1775-1783)
☐ War of 1812 (1812-1815)
☐ Indian Wars (1817-1898)
☐ Mexican War (1846-1848)
☐ Civil War (1861-1865)
☐ Spanish American War (1898-1902)
☐ World War I (191 -1918)
☐ World War II (1941-1945)
☐ Korean War (1950-1953)
☐ Vietnam War (1964-1975)
☐ Cold War (1947-1991)
☐ Desert Shield/ Desert Storm (1990- 1991)
☐ Operation Iraqi Freedom (2003-2011)
☐ Global War on Terror (2001-Present)
☐ Other (Please List) _____

Please Read Before Signing:

By signing my name below, I agree that all the information provided above is correct. Failure to provide one or more of the requested items above may result in the denial of my application. I also give the Allen County Fiscal Court and the City of Scottsville permission to use the service member's information, image, and likeness on the printed banner, city/county website, social media platforms, and publications. Banners are the property of the Allen County Fiscal Court and the City of Scottsville. This signed agreement states that I have read and agreed to all terms set forth by the Hometown Heroes Banner Program.

Applicant Signature:

Print: _____
Sign: _____
Date: _____

If applicant is not a relative or next of kin please have them sign below to agree to terms listed above.

Relative Or Next Of Kin Signature:

Print: _____
Sign: _____
Date: _____
Relationship To Veteran: _____

If the veteran is still living please have them sign below to agree to terms listed above.

Veteran Signature:

Print: _____
Sign: _____
Date: _____

