DEPARTMENT OF ILLINOIS
MARINE CORPS LEAGUE
OFFICIAL AWARD NOMINATION FORM

FROM

Submitting Officer Name & Full Title:

TO

State Commandant, Department of Illinois, Marine Corps League

RECOMMENDATION DETAILS

Recommender Name:

Recommender Title:

Recipient Name:

Recipient Title (if any):

Award Type (be specific):

JUSTIFICATION / BASIS FOR RECOMMENDATION

State the reason(s) for this nomination (attach additional justification if necessary):

Attach additional justification if necessary.

DETACHMENT INFORMATION

Detachment Name:

Detachment Number:

District:

CERTIFICATION & SIGNATURE

I certify that the information provided is accurate and that this nomination is submitted in accordance with MCL guidelines.

Authorized Signature:

Date: