



Marine of the Year / Associate of the Year Award Recommendation Checklist

- ___ Sealed Envelope **MUST** have “AZ Marine of the Year” OR “Associate of the Year” in the lower left hand corner of the sealed envelope
- ___ Sealed Envelope **MUST** contain only one (1) Recommendation
- ___ Sealed Envelope **MUST** be addressed to Department Adjutant
- ___ Sealed Envelope **MUST** be postmarked and received by Department Adjutant by the due date
- ___ Recommendation **MUST** have correct signatures:
 - Commandant signature (*if not being recommended*)
 - Detachment's Adjutant signature (*if not being recommended*)
 - Senior Vice Commandant signature (*if Detachment Commandant or Adjutant is being recommended*)

If recommendation does not have one of the “**MUST**”

It has to be disqualified!

Not Committee Rules!

National and Department Bylaws/AP Rules



DEPARTMENT OF ARIZONA MOY / AOY RECOMMENDATION FORM

When submitting a request for an award, the request must contain all the information regarding the accomplishments of the person while serving in the capacity of a Marine Corps League member who exemplifies the principles and purposes of which the Department of Arizona and the Marine Corps League was founded. These accomplishments must contribute to the benefit of the Department of Arizona.

The Award recommendation must be typed and a second sheet, if needed, must also be typewritten as a continuation of Page 1 of the award recommendation form. The requested award recommendation **MUST** include ALL proper endorsements. Failure to include all proper endorsements will result in the immediate disqualification of the recommendation and will be returned to the submitter. The award recommendation **CANNOT** be resubmitted for consideration during the current award time frame.

Note: Award for Marine of the Year and the Associate of Year will be submitted to Department Adjutant per the Department By-laws and Administrative Procedures.

From: Name & Title: _____

Via: ___ Chairperson, Marine of Year Committee _____

Via: ___ Chairperson, Associate of Year Committee _____

Awardee Information

Name of Nominee: _____

Detachment Name and Number: _____

Nominee is (Please check one) Regular ___ Associate Member ___

Type of Award: Award _____ MOY: _____ AOY: _____

Justification for Award (Use a second sheet to continue. For MOY or AOY confirm receipt of Detachment level award.):

Detachment Commandant Signature: _____

Detachment Adjutant Signature*: _____

Detachment Senior Vice Commandant Signature*: _____

**When applicable Senior Vice Commandant and Adjutant if Commandant is Nominee.*

**Commandant and Senior Vice Commandant if Adjutant is Nominee.*

Authorization

MOY Committee: Approved ___ Disapproved ___ Signature _____

AOY Committee: Approved ___ Disapproved ___ Signature _____

From: Chairperson

To: Commandant, Department of Arizona

Subj: Award

Please make ready the proper Award Citation.

Signature _____

Chairperson