

Kentucky Veteran of the Year Nomination Form

Please print. All fields are required and we ask that you answer them as truthfully and accurately as you are able to.



Your Information

Name: _____

Phone: _____ Email: _____

Your Relationship to the Nominee: _____

Nominee Information

Name of Veteran: _____

Gender (circle one): Male Female

Phone: _____ Email: _____

Please write a 250-500 word nomination of your veteran. Include pertinent information after the member left military service that explains why you believe they should be honored. (use back of sheet if needed)

Nomination form(s) can be mailed to: ATTN: Donald Bow
Epilepsy Foundation of Kentuckiana
982 Eastern Parkway
Louisville, KY 40217