

CENTRAL DAUPHIN SCHOOL DISTRICT



OPERATION RECOGNITION APPLICATION

PLEASE PRINT

Applicant's Name _____

Current Address _____

Phone Number _____

Dates of School Attendance _____

Year Veteran Would Have Graduated _____

Date Veteran Entered Military Service _____

Branch of Service _____

I verify that the above information is accurate and am submitting DD214 as proof of military service.

(Veteran's Signature)

(Date)

IF VETERAN IS DECEASED, PLEASE COMPLETE THIS SECTION.

I, _____, am applying on behalf of
_____ who is deceased.

I verify that the above information is accurate.

(Signature)

(Date)

(Relationship to Veteran)