



# Associates of Vietnam Veterans of America, Inc. FELLOWSHIP AWARD AND MEMBER OF THE YEAR AWARD NOMINATION FORM

I am nominating the below-named person for the: (Check one only)

AVVA Fellowship Award

AVVA Member of the Year Award

You may save this form to your device's hard drive, fill it out and print it to sign and mail, or you may print it out and fill in the information by hand. All **signatures** must be **originals**. This form, when completed, must be accompanied by all documentation you might have that will support your nomination. Please see the award criteria for the award you are nominating for further information. Use a separate form for each award, and/or for each person you submit. (Submit **only one or the other** award for any individual name.)

Mail or email your nomination and copies of documents to:

Anthony Gigli  
4855 Elmhurst Dr.  
Indianapolis, IN 46226

Or E-mail: [anthony.gigli@gmail.com](mailto:anthony.gigli@gmail.com)

**NOMINATIONS MUST BE POSTMARKED BY MAY 15, 2025**

Fill out the following information:

NOMINEE'S NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

AVVA CHAPTER: \_\_\_\_\_ STATE: \_\_\_\_\_ MEMBERSHIPS #: \_\_\_\_\_  
(If known)

NAME OF PERSON MAKING THE NOMINATION: \_\_\_\_\_

AVVA MEMBER?  VVA MEMBER?  DUAL MEMBER?

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHAPTER #: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_

The National Awards Committee is responsible for collecting and maintaining all award nomination documents and determining the recipients of the Fellowship and Member of the Year awards. The documents will remain the property of Associates of Vietnam Veterans of America, Inc. until deemed unnecessary. All efforts are made not to reveal names of recipients until the awards ceremony, for the benefit of the recipients themselves.