



MILITARY INTERSTATE  
CHILDREN'S COMPACT  
COMMISSION

**AWARD NOMINATION PROCESS**

**Name and Title:**

**Appointment:**

**State:**

**City:**

**Citation (less than 100 words):**

**Dates Covered by Citation**

**From:**

**To:**

**Date Award Required (if approved):**

**Submitted by:**

**Signature:**

**Date:**

***Please forward this to your State Commissioner or their official representative.***