



Name of Service Person (First & Last) _____

Spelling of name will come directly from this application.

Branch of Service _____ Rank _____

Date of Birth _____

Enlistment Term From _____ To _____
Month, Day, Year Month, Day, Year

Location of Service or of Active Duty _____

----- Applicant Information -----

Name of Applicant _____

Relationship to Serviceperson-Please Check One: Spouse Child Parent Sibling Grandparent Other

Address _____

City _____ Zip Code _____

Phone _____ E-Mail _____

In the event that an active-duty service person's military status changes, due to any circumstances, it is the applicant's responsibility to inform the Committee.

Signature _____

Additional Information about Service Person (this may be used for recognition purposes)

Required Attachments:

- 1) Proof of Residency (honoree) ex. copy of recent Utility Bill or valid California ID
- 2) Service Picture

Please Submit Application, and Required Documents to

Salinas Hometown Heroes Banners Program

820 Park Row #953,
Salinas, CA 93901

Committee Use Only

Date Application Received _____

Date Application Verified _____

Estimated Installment Date _____