



Banner Program Application

Honoree Information

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 Anticipated 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

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 or applicant) ex. copy of recent Utility Bill or valid California ID
- 2) Proof of Service ex. U.S. Military ID, copy of orders or Enlistment/Reenlistment document
- 3) Official Service Picture

Please Submit Application, and Required Documents to:

Salinas Hometown Heroes Banner Committee
100 Howard Street
Salinas CA 93901

Committee Use Only	
Date Application Received	_____
Date Application Verified	_____
Estimated Installment Date	_____