

# SAMPLE PACKET

## Dr. Mary E. Walker Award Nomination

Enclosures:

1. Unit CSM Nomination
2. Dr Mary E. Walker Nomination worksheet
3. DD Form 2266 (Hometown News Release) Completed

SAMPLE FORMAT FOR UNIT CSM NOMINATION

Office Symbol

MEMORANDUM FOR Commander, U. S. Army Military District of  
Washington, ATTN: ANSM 103 Third Avenue,  
Fort Lesley J. McNair DC 20319-5188

SUBJECT: Dr. Mary E. Walker Nomination

1. On behalf of the soldiers and civilians of the Fort Livingroom demolition company, I recommend Mrs. Jane E. Green for the Dr. Mary E. Walker Award.
2. Mrs. Green has been married to SSG John J. Green for 8 years and is the mother of two children, Gill, age 4, and Maury, age 2. Mrs. Green has been involved in community service all through her husbands military career.
3. Mrs. Green has set the example within the demolition company for others to emulate through service to the Family Support Group (FSG), the FSG counsel for Ft Livingroom, the American Red Cross station on Fort Livingroom, and various other activities on and around Fort Livingroom that have made a great impact on the quality of life of soldiers in the Army.
4. Her support of the FSG includes coordination of the annual food drive, coordination of the annual blood drive, coordination of the quarterly soldier appreciation cookout, and helping in the distribution of emergency food supplies during the Fort Livingroom flood.
5. Mrs. Green is not only active in the FGS but also in the community. Her support of the American Red Cross has allowed the station on Fort Livingroom to remain open after budget cuts were to have shut it down. Mrs. Green accomplished this by organizing many door to door collections on post.
6. Mrs. Green has made a lasting impact on the morale and quality of life in the demolition company since her arrival 2 years ago. It is with great pride that I nominate her for the Dr. Mary E. Walker Award.
7. POC for this action is the undersigned at 111-1111

CSM SIGNATURE BLOCK

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Office Symbol

MEMORANDUM FOR Dr. Mary E. Walker Award Board

SUBJECT: DRMEW Award Nomination Worksheet

1. The following nomination worksheet(s) is submitted for \_\_\_\_\_  
\_\_\_\_\_.

BATTALION/REGIMENTAL BOARD DATE \_\_\_\_\_

INSTALLATION BOARD DATE \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPONSOR INFORMATION

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SSN: \_\_\_\_\_

UNIT: \_\_\_\_\_ UNIT PHONE: \_\_\_\_\_

ETS/PCS \_\_\_\_\_

2. Circle the capacity in which the individual serves:

Army Community Service, Army Emergency Relief,

Family Support Group, Other \_\_\_\_\_

3. The following additional comments are provided

CSM  
Installation Level  
Signature Block



# INSERT DD FORM 2266 HERE

HOMETOWN NEWS RELEASE INFORMATION									
1. PAO CODE		PRINT OR TYPE - SEND ORIGINAL ONLY				FOR RELEASING PUBLIC AFFAIRS OFFICE USE ONLY			
2. YOUR SOCIAL SECURITY NUMBER (For identification only)									
<b>PRIVACY ACT STATEMENT</b>									
<p><b>AUTHORITY:</b> 5 U.S.C. 301, 10 U.S.C. 8012 and 8034, and EO 9397.</p> <p><b>PRINCIPAL PURPOSE:</b> To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of Army and Air Force members. In accordance with the 1974 Privacy Act, you are hereby informed that your Social Security Number on this form is required for identification use only.</p> <p><b>ROUTINE USE:</b> Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain."</p> <p><b>DISCLOSURE:</b> Information collected on this form is released over your signature and is voluntary. If you have no objection to the information being released to hometown audiences, sign your name below. Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievements.</p>									
3. BRANCH OF SERVICE		4. STATUS		5. RANK	6. PAY GRADE	7. FIRST NAME, MIDDLE INITIAL, LAST NAME			8. SEX
<input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD		<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> CIVILIAN							
9. EVENT (Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc.- Citation Needed)									
10. YOUR LIVING PARENTS, STEPPARENTS, GUARDIANS, AUNT/UNCLE/GRANDPARENTS OR ADULT SIBLINGS									
a.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME					(2) RELATIONSHIP TO YOU				
(3) ADDRESS (Number and Street)					(4) CITY		(5) STATE	(6) ZIP CODE	
b.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME					(2) RELATIONSHIP TO YOU				
(3) ADDRESS (Number and Street)					(4) CITY		(5) STATE	(6) ZIP CODE	
11. SPOUSE'S NAME (First, Middle Initial, Last)									
12. SPOUSE'S LIVING FATHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME									
b. ADDRESS (Number and Street)					c. CITY		d. STATE	e. ZIP CODE	
13. SPOUSE'S LIVING MOTHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME									
b. ADDRESS (Number and Street)					c. CITY		d. STATE	e. ZIP CODE	
14. a. YOUR PRESENT UNIT OF ASSIGNMENT (Do not abbreviate)				b. POST OR BASE (Not APO)		c. CITY		d. STATE OR COUNTRY	
15. DUTY MOS OR AFSC				16. PRESENT JOB TITLE (Full Title - Do not abbreviate)				17. TOTAL YEARS MILITARY SERVICE	
18. a. HIGH SCHOOL GRADUATED FROM				b. YEAR GRADUATED	c. CITY		d. STATE	e. ZIP CODE	
19. COLLEGES GRADUATED FROM									
a. COMPLETE NAME			b. DEGREE	c. YEAR GRADUATED	d. CITY		e. STATE	f. ZIP CODE	
20. REMARKS (Continue on back if necessary)									
21. SIGNATURE OF PERSON LISTED ABOVE (Authorizing release of this information)						22. DATE (YYMMDD)		23. DUTY PHONE (DSN or area code)	