



# OHIO CIVIL SERVICE EMPLOYEES ASSOCIATION (OCSEA)

## ANNUAL VETERAN SUPPORTER OF THE YEAR AWARD

**Nominee:** \_\_\_\_\_

**Chapter Name/Number:**

\_\_\_\_\_

**Please describe why this individual should be selected as  
the Veteran Supporter of the Year:**

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\_\_\_\_\_

Name of Nominator \_\_\_\_\_

Chapter \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*Please submit form by October 20, 2025.