

Hometown Heroes Application 2027

Applications Accepted until all spaces are filled.

Return completed applications to the Borough of Hollidaysburg, 401 Blair Street, Hollidaysburg, PA 16648

Questions can be directed to Melanie at mramsey@hollidaysburgpa.org or 814-696-0544

FULL NAME OF SERVICEPERSON IN PHOTO _____

BRANCH OF MILITARY: _____ MILITARY RANK: _____

DATES OF SERVICE: _____ to _____

ALIVE: _____ DECEASED (YEAR): _____ POW _____ MIA: _____ KIA: _____ WOUNDED: _____

Has this serviceperson been honored in a previous Hollidaysburg Hometown Hero program? Y N If Y, what year(s)?

Please circle the era you would like printed on the banner.

Operation Iraqi Freedom	(OIF)	2003-2010
Operation Enduring Freedom	(OEF)	September 11, 2001 - 2021
Global War on Terrorism	(GWOT)	September 11, 2001 to present
Persian Gulf	(PG)	August 2, 1990 to August 31, 1991
Cold War	(CW)	September 2, 1945 to December 26, 1991
Vietnam War	(VN)	February 28, 1961 to May 7, 1975
Korea Conflict	(KC)	June 27, 1950 to January 31, 1955
World War II	(WWII)	December 7, 1941 to December 31, 1946
World War I	(WWI)	April 6, 1917 to November 11, 1918
None (I choose not to include a printed era on my banner)		

Thank you for participating in and supporting this program to honor Hollidaysburg area servicepeople. Banners are displayed Memorial Day through Veterans Day. Pickup of banners, flags and photos will be available at 305 Loop Road Wed. November 17th and Thurs. Nov. 18th, 8am-2pm.

Completed Applications will include (#3 is not required for participation):

1. This completed application form with signed photo release statement
2. Please include a photograph of veteran (will be returned; the photo does not have to show the person in uniform)
3. **\$25 donation towards the program** (check or cash to Borough of Hollidaysburg); this supports the program's cost.

Banners are displayed Memorial Day through Veterans Day. Pickup of banners, flags and photos will be available at 305 Loop Road on Wednesday November 17th and Thursday Nov. 18th, 8am-2pm.

Thank you for supporting this program.

CONTACT NAME: _____ RELATIONSHIP TO VETERAN: _____

PHONE: _____ EMAIL: _____

Home Address: _____

PHOTO RELEASE STATEMENT

I hereby grant the Borough of Hollidaysburg permission to display the attached photo (which represents the likeness of me or my relative) on banners displayed during the Hollidaysburg Hometown Heroes banner program. I give permission for the printed and/or online display of the Hometown Heroes banner in media outlets and publications (websites, social media, video, newsletters, newspapers, etc.) This program is non-political and non-partisan. I take full responsibility for accuracy of the information provided on this serviceperson's behalf.

Signature

Date: _____

Printed Name:

OFFICIAL USE BELOW: _____

Pole # _____ Banner # _____ Additional Notes: