




— OPERATION   
**RECOGNITION**  
**Veterans Diploma Project Application**  
**Deadline: Monday, October 2, 2023**

**Name of proposed recipient:**

*Please print name as it would appear on diploma.*

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternative Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Contact person:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternative phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship to recipient: \_\_\_\_\_

Is this diploma being awarded to a family member of a deceased veteran or internee?  Yes  No

If yes, indicate place and date of death: \_\_\_\_\_

**Recipient's education information:**

Name of high school: \_\_\_\_\_ City/State: \_\_\_\_\_

Dates of attendance: Date of entry: \_\_\_\_\_ Date of exit: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Received GED:  Yes  No

**Please check appropriate box:**

War:  World War II  Korean  Vietnam **OR**  Relocation camp internee

Branch of service:  Army  Air Force  Coast Guard  Marines  Navy

Date of entry: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

**Military background:** *(Background information is not an eligibility requirement)*

Military occupation(s): \_\_\_\_\_ Location: \_\_\_\_\_

Description: \_\_\_\_\_

Decorations, medals, badges, commendations, and ribbons awarded:

Wounds received in action: \_\_\_ Yes \_\_\_ No

Grade, rate or rank at time of exit: \_\_\_\_\_ Total length of service: \_\_\_\_\_

Recipient's name with military rank: \_\_\_\_\_

**Any additional information you would like to share:** *(This is not an eligibility requirement)*

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*Feel free to staple additional pages of information, if necessary.*

**How did you hear about San Bernardino County's Operation Recognition Veterans Diploma Project?** \_\_\_\_\_

**Photograph:** *(The photo is not an eligibility requirement)*

If qualified, please include a photograph of you with your application or email it to the address provided below.

<b><u>Application Checklist:</u></b>	<b><u>Submit to:</u></b>
<input type="checkbox"/> Complete application <input type="checkbox"/> Verification of an honorable discharge (A copy of DD-214 or similar documentation) <input type="checkbox"/> Photograph	San Bernardino County Superintendent of Schools Office of the Superintendent Attn: Jennifer Rodriguez 601 North E Street San Bernardino, CA 92415-0020 j.rodiguez@sbcss.net