



CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

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The Department of Ohio
35 East Chestnut Street, Suite 510
Columbus, Ohio 43215-2541

MEMORANDUM

DATE: October 26, 2024

FROM: Michael Strainic, PDC, Chair, John J. Martin Award Committee

THRU: Michael Blau, Department Commander

TO: All Department of Ohio Post Commanders

RE: **The John J. Martin Award** Nomination Form

The John J. Martin Award recognizes the Ohio Catholic War Veterans member who has contributed the most to the program and the development of the Catholic War Veterans within their Post and their community during **his/her CWV career**.

The 2025 John J. Martin Award will be presented at the 80th Department Convention Banquet.

Each nomination **MUST BE RECEIVED** by the Committee Chair **NO LATER THAN January 17, 2025**.
Mail or email the Nomination Form and resume to:

Michael Strainic, Sr, PDC
33508 Lakeshore Boulevard
Eastlake, OH 44095
216-469-2375
mstrainic@aol.com

AWARD RULES

- A nominee must be a member in good standing of the Post that makes his/her nomination.
- Each Post may nominate a maximum of one (1) member.
- A typewritten resume from the Post Commander or Post Welfare/Service Officer must be submitted describing actions taken during the period from February 1, 2024 to January 1, 2025 by nominee on behalf of a veteran, a veteran's family, or the needy of your community.
- **Do not** use the name of the candidate on the resume or in the text of the resume: use "candidate" instead (i.e., "candidate" performed this task). The **ONLY** place the name should appear is on the nomination form. When nomination form and resume are received by Chair Mike Strainic, he will assign a number to the candidate, and put that number on the resume and form.
- If the nomination is based on VAVS or hospital service, a copy of the VAVS report(s) must also be attached. These should be obtained from the hospital where service was performed.

The Ohio CWV John J. Martin Award Nomination Form

DATE: _____

CANDIDATE'S NAME AND ADDRESS: _____

POST NAME & NUMBER: _____

POST COMMANDER'S NAME: _____

POST COMMANDER'S SIGNATURE: _____

POST WELFARE OFFICER'S NAME: _____

POST WELFARE OFFICER'S SIGNATURE: _____