



CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

PHONE: (614) 221-7601
www.cwvohio.org
ohiocwv@sbcglobal.net

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

MEMORANDUM

DATE: October 26, 2024

FROM: Larry Stochl, Chair, Tommy Anderson Award Committee

THRU: Michael Blau, Department Commander

TO: All Department of Ohio Post Commanders

RE: **The Tommy Anderson Award** (*formerly Lawrence McGervey Award*) Nomination Form

The Tommy Anderson Award recognizes the Ohio Catholic War Veterans member who has done the most for a veteran's family, or the needy of his/her community **during the past year.**

The 2025 Tommy Anderson Award will be presented at the 80th Department Convention Banquet.

Each narrative (**resume only**) for the nomination **MUST BE RECEIVED** by the Committee Chair **NO LATER THAN January 17, 2025.** Mail or email the RESUME ONLY to:

Larry Stochl
1320 E. 66th St.
Cleveland, OH 44103
216-881-8554
larrystochl@yahoo.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 two (2) members.
 - A typewritten resume from the Post Commander or Post Welfare/Service Officer 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.
 - For the narrative avoid any information that can identify the nominee's name, post, location, and who or what post made the nomination. A good example of the narrative follows: "The nominee volunteers at the local church and VA hospital". The **only** place the name should appear is on the nomination form.
 - If the nomination is based on VAVS or hospital service, a copy of the VAVS reports must also be attached. These should be obtained from the hospital where service was performed.
- *Please send Mary Ann the entire package that includes the Award Nomination form (next page), the narrative and if applicable, VAVS Reports.

The Ohio CWV Tommy Anderson 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: _____