

# MATSU VETERANS WALL OF HONOR FOUNDATION

OFFICIAL APPLICATION FOR NOMINATION TO BE ENSHRINED  
IN STONE ON THE  
MATSU VETERANS WALL OF HONOR SITE  
801 N. Wasilla-Fishook Road, Wasilla, Alaska

Print Name				Last				First				Initial			
Branch				Rank				Years of Service				xxxx-xx			
City										State					

Type of Discharge:  Honorable  Active Duty  Medical  Retired  Deceased

Service/VA Verification No: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(To be used only for verification)  
Copy Required

I understand that if I willfully misrepresent or recklessly disregard any fact on this application, the above name will not be placed on the MATSU Veterans Wall of Honor or may be removed if at a later date the information proves to be false. All money will be forfeited.

I \_\_\_\_\_ hereby authorize the MATSU Veterans Wall of Honor Foundation to verify the above information if so needed. Date: \_\_\_\_\_

Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please complete this form and return with remittance. All the above information is considered final. Any questions can be directed to Jody Finley @ 907-232-0667 or Kat Linsacum @ 907-232-9653

Nomination Fee \$75.00  
Check or Money Order Payable to  
MATSU Veterans Wall of Honor Foundation or MSVWHF  
Mail to: PO Box 870687, Wasilla, AK 99687-0687

Date Approved: \_\_\_\_\_

Comments: \_\_\_\_\_