

**NATIONAL MARINE CORPS LEAGUE  
AWARD RECOMMENDATION FORM**

**National Award Criteria:** When submitting a request for a National award, the request must include all the information regarding what the person has accomplished, while serving in the capacity as a Marine Corps League member, a member of a subsidiary/subordinate unit or person(s) whom exemplify the principles and purposes to which the Marine Corps League was founded.  
Award recommendations must be legible. A blank second sheet in typewritten form is recommended, preferably in at least 12 point times new roman, as a continuation of the award recommendation.  
The request must be accompanied by the required endorsements. Without the proper endorsements, the request will be denied and returned to the submitter.  
*Note: All requests for National Awards must be submitted directly to: Chairman, National Awards Committee at the address listed on the National Roster.*

<b>From: Name and Title, if any</b>	<b>To: National Commandant</b>	<b>Via:</b> (1) Department Commandant (2) National Division Vice Commandant (3) National Awards and Citations Committee
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**A. Awardee Information**

<b>1. Name of Awardee or (Proposed New or Change to existing Award)</b>	<b>2. Detachment Name and Number</b>	<b>3. Dept</b>
<b>4. Awardee is a/an</b> (Please check one) <input type="checkbox"/> Regular Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Other If other, specify _____ (Auxiliary, Young Marine, JROTC, etc.)		<b>5. Membership ID</b>
<b>6. Type of Award</b>	<b>7. Anniversary Ribbon</b> chartered ____ ____ ____ (day) (month) (year)	

**8. Justification for Award** (Use a blank sheet to continue.):

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**B. Authorization**

(1 <sup>st</sup> Endorsement) Recommendation for _____ <div style="text-align: right; font-size: small;">Recipients Name</div>	(2 <sup>nd</sup> Endorsement) Recommendation for _____ <div style="text-align: right; font-size: small;">Recipients Name</div>
(Please check one) Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	(Please check one) Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature: Department Commandant _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Department</span> <span>Date</span> </div>	Signature: National Division Vice Commandant _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Division</span> <span>Date</span> </div>

**C. Committee Use Only**

From: National Awards and Citations Committee

Subject: Award

Recommendation for \_\_\_\_\_ We, the National Awards and Citations Committee hereby:

Recipients Name

Approve  Disapprove  \_\_\_\_ to \_\_\_\_.

Recipients Name

receiving of this award in accordance with the National Bylaws and Administrative Procedures as set forth in Enclosure Four (4).

\_\_\_\_\_  
 Chairman

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

(If disapproved) recommendation for the recipient to receive \_\_\_\_\_

Form NA-897

***Instructions:***

**A.1. Name of Awardee.** If this is a Proposed Change to an existing award or a proposal of a new award, so specify and skip blocks 2-5.

- Identify the name of the existing award or identify the name of proposed award in block 6.
- Skip block 7.

**A.2.** Self-explanatory. If block 4 will be other, provide unit information.

**A.3.** Self-explanatory.

**A.4.** Self-explanatory.

**A.5.** For Identification purposes of Regular and Associate Members only. Failure to provide will not prevent the processing of this award recommendation.

**A.6.** Name of the existing award or if this is a proposed new award, designated name.

**A.7.** If this is an anniversary, skip blocks 1-5. Request must be submitted within a time-frame that will permit the Awards and Citations Committee to review the medal and ribbon color scheme.

- Identify anniversary year in block 6, (eg. 75<sup>th</sup> Anniversary)
- Provide chartered day, month, year in block 7.
- Provide justification in block 8 or attached blank sheet. Identify color scheme of ribbon and design of medal, if any.

Note 2: When Departments celebrate their 50<sup>th</sup> or more Anniversaries, the medals that are struck for those Departments, and issued or sold at their respective Department Convention to *only those who attended*.

**A.8.** Self-explanatory.

**B.** Endorsements of Department Commandant and National Division Vice Commandants. Request will be denied and sent back to submitter if not provided.

- Detachment Commandant forward to your Department Commandant
- Department Commandant forward to your Division Vice Commandant
- Division Vice Commandant forward to the Chairman, National Awards Committee

**C.** Committee Use Only