



**SOUTH DAKOTA NATIONAL GUARD
ENLISTED ASSOCIATION
YOUNG HERO AWARD NOMINATION**



RECIPIENT'S NAME: _____

ADDRESS: _____

PHONE _____

AGE/GRADE: _____

PARENTS' NAME: _____

BRIEF DESCRIPTION OF DISEASE, ILLNESS, OR LIFE THREATENING INJURY:

CONTACT/REFERRED BY: _____

PHONE: _____

DESIRED PRESENTATION DATE & TIME: _____

DESIRED PRESENTATION SITE: _____

SUBMIT NOMINATION TO:

**YOUNG HERO
AWARD**
**YOUNG HERO AWARD COMMITTEE
ATTN: KELSEY LAMBERT
1201 W ALGONQUIN ST
SIOUX FALLS, SD 57104**

**or kelsey.m.lambert.mil@mail.mil
(605) 988-5956**