

In the arena of human life the honors and rewards fall to those who show their good qualities in action.
 -Aristotle

Don't worry when you are not recognized, but strive to be worthy of recognition.
 -Abraham Lincoln



Awards Program

Utilize Our Awards Program

Awards are considered based upon the documentation submitted. The Award Committee reserves the right to make the final determination on what award is issued. If no documentation is submitted the nomination will be returned with the processing fee.

MAIL TO:
 AWARDS COMMITTEE
 6350 Horizon Dr. • Titusville, FL 32780

Nominations must be accompanied by supportive documentation. Self nominations will not be accepted. A processing fee of \$25 is required for each nomination and includes a boxed medal, certificate, lapel pin and a uniform bar. Please allow up to 30 business days to process.

OFFICE USE ONLY	
AWARD ISSUED _____	DATE _____
REVIEWED BY: _____	

Check Award requested:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Silver Star for Bravery | <input type="checkbox"/> Purple Heart | <input type="checkbox"/> Life Saving Award | <input type="checkbox"/> Merit Award for Excellent Arrest |
| <input type="checkbox"/> General Commendation | <input type="checkbox"/> Honor Award for Public Service | <input type="checkbox"/> Criminal Investigation Award | <input type="checkbox"/> Distinguished Police Service Award |
| <input type="checkbox"/> Correctional Officers Award | <input type="checkbox"/> John Edgar Hoover Memorial Award | <input type="checkbox"/> Knights of Justice Award | <input type="checkbox"/> Police Spouse Award* |
| <input type="checkbox"/> Civilian Medal of Appreciation | <input type="checkbox"/> Patriotism Award | <input type="checkbox"/> George Washington Medal | <input type="checkbox"/> K-9 Service* |
| <input type="checkbox"/> K-9 Memorial* | * Certificate only | | |

Please print or type

1. Name of Nominee _____ Rank _____

2. Address _____

3. City _____ State _____ Zip _____

5. Department _____

6. Name and address where award should be mailed:

Name _____

Address _____

City _____ State _____ Zip _____

7. Describe the circumstances that occurred which lead to this nomination (Copy of police report and/or newspaper article required)

Sponsor Information

Name _____

Address _____

City _____ State _____ Zip _____

Date _____ Telephone No. _____ Email _____

OATH: I certify that this nomination is true and correct. I understand that falsifying information invalidates any award issued. The processing fee has no bearing on the award granted and is made to cover the costs of the materials and shipping. Fee and documentation must accompany application.

Sponsor's Signature _____

Make check (\$25) payable to APHF

METHOD OF PAYMENT		NO C.O.D.'S please	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Money Order	<input type="checkbox"/> Check
Signature _____			Exp. Date _____

Return to: Awards Committee
 American Police Hall of Fame
 6350 Horizon Dr. • Titusville, FL 32780 • www.apfh.org

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