



## Community Hero Recognition Nomination Form

We invite the community to nominate the everyday heroes that make Arizona a great place for veterans and military families. Tell us about a veteran, service provider, caregiver, or business owner so that we can shine a spotlight on their great work. Honorees will be recognized on social media and at the 2023 Salute Our Vets Run for Brain Health. **Salute Our Vets Community Hero Nominations will be accepted until September 14, 2023**

Please return this form to [info@biaaz.org](mailto:info@biaaz.org) or fax to (602) 508-8285. For more information, call (602) 508-8024 x101. You can also submit the Nomination Form online: [biaaz.org/myhero](http://biaaz.org/myhero)

### 1 – Select a nomination category

- All-Star Caregiver** — Recognizes military caregivers who keep their military family on track and moving forward
- Corporate Innovator** — Recognizes employers who
  - (1) go above and beyond to hire veterans and military caregivers,
  - (2) make appropriate accommodations for veterans with visible and invisible scars, and
  - (3) create unique environments for the hard-earned talents and leadership skills of veterans to shine.
- Distinguished Veteran** — Recognizes veterans who set a dynamic example for others with exceptional accomplishments
- Outstanding Community Leader** — Recognizes individuals who continue to advocate for expanded services and benefits for veterans and caregivers
- Outstanding Military Member** — This honor is for someone who active duty, currently serving in the military and has gone above and beyond to promote and discuss brain health.

### 2 – Who are you nominating? (\* indicates required information)

First and Last Name: \* \_\_\_\_\_

Affiliated Organization: \* \_\_\_\_\_

Branch of Military: \_\_\_\_\_

E-MAIL \* \_\_\_\_\_

PHONE \* \_\_\_\_\_

### 3 – What efforts make them deserving of this honor?

Please include details that highlight their courage and leadership.



**Brain Injury  
Alliance**  
ARIZONA

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### 4 — Nominated by? (required)

First and Last Name:\*

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Affiliated Organization: \*

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E-MAIL \*

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PHONE \*

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**ALL INFORMATION PROVIDED ON THIS FORM IS SOLELY FOR THE SALUTE OUR VETS HEROES PROGRAM.**