



— OPERATION RECOGNITION

Veterans Diploma Project Application

Deadline: Monday, October 14, 2024

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Name	Ot.	nrar	\mathbf{N}	rac	'n	10	nt:
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Please print name as it would	l appear on diploma.					
First:	Middle:	I	ast:	_		
Address:	Ci	ty:	Zip:			
Mailing address:		_ City:	Zip:	_		
Phone: ()	Alternative	Phone: (
Email address:	Date of birth:					
Contact person:						
			st:			
_		-	Zip:			
)			
Email address:	Relationship to recipient:					
Is this diploma being awarde	ed to a family member of a o	deceased vetera	in or internee? Yes	No		
If yes, indicate place and date	e of death:					
Recipient's education info	rmation:					
Name of high school:		C:	ity/State:			
Dates of attendance: Date of	Date of entry: Date of exit:					
Highest grade completed:	Receiv	ed GED:	∕es □No			
Please check appropriate I War: World War II Branch of service: Arm Date of entry: Military background: (Back Military occupation(s):	Korean Vietnam OF Ny Air Force Coa Date of discher	ast Guard narge: eligibility require	Marines Navy	_		
Description:				_		

Decorations, medals, badges, commendations, and ribbons awarded:

Wounds received in action: Yes No Grade, rate or rank at time of exit: Recipient's name with military rank:	Total length of service:				
Any additional information you would like to share: (This is not an eligibility requirement)					
Feel free to staple additional po	ages of information, if necessary.				
How did you hear about San Bernardino County's Project?					
Photograph: (The photo is <u>not</u> an eligibility requirement). If qualified, please include a photograph of you with y below.					
Application Checklist: ☐ Complete application ☐ Verification of an honorable discharge	Submit to: San Bernardino County Superintendent of Schools Office of the Superintendent Attn: Ryan Hendrickson 601 North E Street San Bernardino, CA 92415-0020 ryan.hendrickson@sbcss.net				