cadetscanadalogo(1)**2017 Nomination Form**

**Royal Canadian Legion Medal of Excellence**

Reference: CATO 13-16 Annex E

**Nominee Information**

**Surname:** **First Name:** **Rank:**

**Corps/Squadron Name & Number:**

**Date of ACR:**       **Time:**       **Civic Address & Bldg Name:**

Is the nominee regarded by peers and superiors as exemplifying the model cadet?  Yes  No

**Supporting Documents**

The following supporting documents are required in order to process the application:

A signed Letter of Recommendation from the corps/squadron’s sponsoring body or League Representative;

Three signed Letters of Reference from the supervisor of citizenship/community service activities in which the nominee has participated (please list event or organization name below);



Fortress Cadet Information Card

**Commanding Officer’s Certification**

I certify that the nominee has met all requirements of the corps/squadron’s annual mandatory and optional training program and participated in a minimum of three community service events, in addition to those supported by the corps/squadron through its LHQ program **(activities such as Remembrance Day Parades or LHQ fundraisers are not eligible for consideration).** The nominee also merits recognition for endeavors of a citizenship nature, which has met or enhanced the aims and objectives of the Cadet Movement.

CO Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Royal Canadian Legion Executive’s Certification**

I certify that the funds are available and approved from the Branch listed below to cover the cost of presenting the nominee with the Royal Canadian Legion Medal of Excellence.

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Number: \_\_\_\_\_\_\_\_\_\_\_ Branch Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application is to be completed and forwarded with all required supporting documents to the applicable ACO/ZTO by **15 February 2017.**