***DEPARTMENT OF SOUTH CAROLINA***

***MARINE CORPS LEAGUE***

***AWARD RECOMMENDATION FORM***

|  |  |  |
| --- | --- | --- |
|  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **Detachment #:** |  |
|  | (Insert Your Full Name & Full Tittle | | |

|  |  |
| --- | --- |
| **To:** | Department Sr. Vice Commandant |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | recommend |  | for the |
|  | *(Name & Title, if any)* |  | *(Proposed Recipient’s Name* |  |

|  |  |  |
| --- | --- | --- |
| following award: |  | based upon |

|  |  |
| --- | --- |
| these reasons: |  |

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|  |
| (use additional pages, if needed) |

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|  |

**ENDORSEMENT**

|  |  |
| --- | --- |
| **From:** | Department Sr. Vice Commandant |
|  |  |
| **To:** | Department Commandant |

|  |  |
| --- | --- |
| Recommendation of above award to |  |
|  | (Proposed Recipient’s Name) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Endorsed |  |  | Not Endosed |  |

|  |  |
| --- | --- |
| Signature: |  |
|  | (Sr. Vice Commandant, Chairman, Awards Committee) |

***Note: This form is not to be used for the Department Marine of The Year Award***