



Please refer to Chapter 10 of the current version of NSP Policies and Procedures for award guidelines before completing this form.

NOMINATION
MERIT STAR or NATIONAL CERTIFICATE OF APPRECIATION

PURPLE BLUE GREEN YELLOW NATIONAL CERTIFICATE OF APPRECIATION

1. Nominee's Name NSP ID No.
2. Mailing Address
3. Registered with Patrol Division

45 DAYS ARE REQUIRED BY THE NATIONAL OFFICE FOR PROCESSING AND MAILING OF AWARDS FROM DATE RECEIVED IN THE NATIONAL OFFICE

APPROVALS

Print

Sign

Table with 4 columns: Role (Sponsor, NSP Patrol Representative, Section Chief/Region Director, Review Board Chair, Region Awards Advisor, Division Awards Advisor, Division Director/Designee), Print, Sign, Date Signed.

INSTRUCTIONS

This form is used for the nomination of a patroller for a NSP Merit Star or National Certificate of Appreciation. It should be typewritten and include the date the form was prepared. Font size should not be smaller than 9 point.

Section 1-3

Sections are to be filled out accurately. Do not use nicknames.

Section 4

All nominations must include a letter of recommendation from the sponsor.

Section 5

The following support material is required:

- PURPLE MERIT STAR - a signed statement from an attending physician, or in his/her absence, a medically knowledgeable witness. Also letters from others in attendance would be helpful.
BLUE MERIT STAR - same documents required as those for purple and green merit stars.
GREEN MERIT STAR - newspaper clippings, statements from government officials, and any other knowledgeable persons of the incident indicating the nominee's involvement.
YELLOW MERIT STAR - any appropriate material in accordance with your division policy.
NATIONAL CERTIFICATE OF APPRECIATION - letter of justification signed by the sponsor.

Section 6

Give reason, event, place, and dates, indicating exactly how the wording on the award certificate should appear. Be brief as space on the certificate is limited. The National Office reserves the right to change the wording thereof.

- 4. Letter of Recommendation is attached (as required): YES
5. Supporting Documents are attached YES
6. Wording on Certificate (event, place, date): (limited space)

To whom award should be sent: (To be completed by Division)

Name
Address
City, State, Zip
Date Needed

Copies: 1 Patrol 1 Section (if required) 1 Region 2 Division (original to be sent by Division to National Office)