Please Check the award that you are applying for:

Correctional Officer Valor Award_____ Civilian of the Year_____

Correctional Professional of the Year_____ Other_____

Public Servant/Elected Official of the Year_____

NOMINEES INFORMATION

Name: _____ Rank: _____
Address:_____
City/Town:_____State: _____ Zip: _____
E-Mail address: _____Phone: (_____)_____
Facility: _____Facility Phone: (_____)_____
Today's Date: _____/_____/_____ check one Male ____ Female____
The Nominee is a sworn Correctional Officer Yes ___ No ___
If No, give brief Explanation:_____
_____
_____

PERSON MAKING THE NOMINATION:

Name: _____
Address:_____
City/Town:_____State: _____ Zip: _____
E-Mail address: _____Phone: (_____)_____

Instructions:

- The nominee for the Valor Award must be a Sworn Correctional Officer.
- Complete all sections of the application. Applications not fully completed will not be processed.
- Attach any newspaper articles, reports, photos, or any relevant information on the incident.
- Incident must have occurred within one year of the date of the application.
- Mail completed Application to:

Corrections USA (CUSA)
PO Box 6912
Pueblo West, CO 81007

Name of Nominee: _____ Date of Incident:_____
Time of Incident:_____ Place Incident Occurred:_____

Brief Synopses of the Incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SUBMIT