

City of Montclair Human Services Department 5111 Benito Street, Montclair, CA 91763 Recreation Center: (909) 625-9479

ACTIVE DUTY - NEW APPLICANT

2023-2024 MILITARY BANNER PROGRAM APPLICATION

ACTIVE DUTY HONOREE'S INFORMATION

PROOF OF ACTIVE DUTY MILITARY STATUS MUST BE SUBMITTED WITH THIS APPLICATION BY WEDNESDAY, NOVEMBER 8, 2023 TO afranco@cityofmontclair.org OR BY APPOINTMENT BY CALLING (909) 625-9457.

Please print/type the name of the	Active Duty Hono	oree as it sh	ould appear on the ba	anner.			
First Name:	ame: Last Name:		Middle Name/Initial (OPTIONAL):				
Military Branch (CHOOSE ONE):	AIR FORCE □	ARMY□	COAST GUARD□	MARINE CORPS□	NAVY□	SPACE FORCE□	
Street Address:			City: _		_ State:	Zip Code:	
Phone Number:		E-mail	Address:				
			OREE'S MONTCLAIR				
PROOF OF THE HONOREE'S M NOVEMBER 8, 2				IBMITTED WITH THIS INTERNITY BY CALLIN			
Is the Honoree a Montclair Reside	nt?						
 NO ☐ - If "no," the Active 	ve Duty Honoree r	nust have gr	aduated from Montclair	High School.			
 YES □ - If "yes," how ma 	any years have the	ey been a re	sident? Year	r(s)			
Did the Honoree graduate from Mo	ontclair High Sch	ool?					
NO ☐ - If "no," the Active	ve Duty Honoree r	nust currentl	y be a resident of the C	ity of Montclair.			
 YES □ - If "yes," what ye 	ear did they gradu	ate from Moi	ntclair High School?	•			
_ , , ,							
The authorized Application Repre			RESENTATIVE'S				
Military Banner when they are no lor of the Honoree's active duty status. Relationship to Military Banner Ho							
First Name:	Last Name:						
Street Address:			City: _		_ State:	Zip Code:	
Phone Number:		E-mail	Address:				
	TER	MS AND	CONDITIONS AGR	REEMENT			
I,	with (2) Proof of sified information a lair's Military Ban he production of a	Montclair R and/or failur iner Prograr Military Ban	desidency <u>OR</u> Proof of the to submit the request the included the submit the request the included the request the included the request the request the included the request the request the request the request the request t	f a Montclair High Sch sted documentation wil that submitting this a	nool Diploma Il result in th application al	a at the time I submit this ne disqualification of this long with the requested	
 Proof of the Honoree's A 	ctive Duty Status	(REQUIRE	D):		YES, F	Proof is Attached 🗆	
 Proof of the Honoree's N 	-	•			·		
• Proof of the Honoree's N		- —	na (ONE OF THESE IS	REQUIRED):	YES, F	Proof is Attached □	
Signature:				Date:			