

No Barriers Nomination Form

Person you would like to nominate:

Self Other

First Name: _____ Last Name: _____

Preferred Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

What, if any, is the connection between your organization and the veteran you are nominating? If you are nominating yourself, write "self".

Please describe why you feel the nominated veteran (or if you are applying, you) would be a good fit for the CoBank/Jones-Onslow EMC No Barriers program (attach additional page if needed).

Nominator Information: Who are you?

*If nominating yourself do not complete this section.

First Name: _____ Last Name: _____

Organization Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Please email or mail completed nomination form to Krystal Phillips at :

- kphillips@joemc.com
- Jones-Onslow EMC, Attention Krystal Phillips
- 259 Western Blvd, Jacksonville, NC 28546

