Hometown Hero Guidelines and Application

Applicant Contact Information

Please complete the following Name:			I we have any questions.
Street Address:			
City:	State:	Zip:	
Home Phone:			
Relationship to Service Person	n:		
Honoree Information Needed			
Name of Service Person:		Rank	×
Ra	ank, First name, Middle	initial, Last name*	
*Spelling of Service Person's name of name exactly as you would like to see		ectly from application, plea	se write legibly, and include the
Is the Service Person a resider	nt or former resident of t	he Lucasville Area?	_YesNo
Is or was the Service Person a	resident of the Lucasville	e area? Yes No _	
Branch of U.S. Military Service	: :		
U.S. ArmyU.S. Navy	U.S. Coast Guard _	U.S. Marine Corps	U.S. Air Force
Biography of Service Person			
Please provide a short biograp a walking tour guide for all of each banner.	the banners that will inc	lude the biography, in	formation, and location of
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		(attac	ch another page if needed)

The service person being honored (if living) will need to grant permission for their name and image to be placed on a banner in Lucasville. A separate Release Form will be provided for this.

For additional information or questions, please contact The Lucasville Area Historical Society via email at: adkinsts@roadrunner.com or call Linda Scott at 740-352-0202.