LOGAN ELM LOCAL SCHOOLS

Veteran Recognition

Application Date:				
Veteran's Name:				
Address:				
(street)	(city)		(state)	(zip)
Telephone (Home):	Telephone (Work/Other):			
Year of graduation: High School: L	EHS Pickaway	Laurelville	Washington	Salt Creek
Honorably discharged from all branches? Yes	s No			
Branch(es) of military:				
Number of years Served:				
Conflict (if applicable):				
Summary of military training, a	accomplishments,	honors, award	ls, etc (if applic	eable):

^{*}Email above information and clear photograph of veteran to dara.davis@loganelm.org