



# Ordinance Order of Samuel Sharpe Nomination Form



(must be received **SEVEN** weeks prior to projected presentation date)

**Submission:**  
Pay and Submit Online:  
The Ordnance Corps Association  
Mail Nomination and Payment:  
U.S. Army Ordnance Corps Association  
P.O. Box 5251  
Fort Gregg-Adams, Virginia 23801  
*\*Awards are mailed to the nominator unless otherwise specified.*

**Cost: \$75.00**

**Criteria:**  
Nominee: active member of OD Corps Association  
Nominator: OD Corps member, Samuel Sharpe recipient, and active member of OD Corps Association  
Nomination: endorsed by nominee's BN CDR/ GS14 equivalent or above/Hall of Fame Member

### NOMINEE INFORMATION

*(Must be an OD Corps Association Member)*

**NAME:** \_\_\_\_\_

**RANK/MOS/TITLE:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**OD ASSOCIATION MEMBER #:** \_\_\_\_\_

### NOMINATOR

*(Must be a Samuel Sharpe recipient and an OD Corps Association Member)*

**NAME:** \_\_\_\_\_

**RANK/MOS/TITLE:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**OD ASSOICATION MEMBER #:** \_\_\_\_\_

### ENDORSER

*(BN CDR/GS-14 equivalent or above/Hall of Fame Member)*

**NAME:** \_\_\_\_\_

**RANK/TITLE:** \_\_\_\_\_

**HALL OF FAME MEMBER**

**ORGANIZATION:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

### APPROVAL AUTHORITY

**NAME:** David R. Cassity

**RANK/TITLE:** CW5 (R) Association President

**SIGNATURE:** \_\_\_\_\_

**ORGANIZATION:** US Army Ordnance Corps Association

(USAOCA President)

# Ordnance Order of Samuel Sharpe Nomination Form



## Discuss Nominee's Time in Corps

## Discuss Nominee's Level of Responsibility

## Discuss Nominee's Complexity/Difficulty of Positions Served

## Discuss Nominee's Impact/ Contributions to the Corps

## Discuss Nominee's Sacrifice in Service to the Corps and the Nation



**Ordnance Order of Samuel Sharpe  
Nomination Form  
Mail Payment**



**Please select one of the following payment methods**

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**I have enclosed a Check / Money Order for the amount of: \$75.00**

**Make Check / Money Orders payable to: USAOCA**

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**Please charge my:** \_\_\_\_\_ **for:** **\$75.00** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**3 digit code:** \_\_\_\_\_ *(located on the back of credit card)*

**Name on the Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature is required for Credit Card purchases*