SSGT JEREMY D. SMITH EXEMPLARY SERVICE AWARD APPLICANT INFORMATION	CVA FOUNDATION® FORM JDSA-000

Box 1: APPLICANT DATA. Fill out the applicant's information.
Box 2: OFFICIAL USE ONLY. Do not mark in this section.

1. APPLICANT DATA (please print legibly)

a. NAME (last, first, middle initial)	**b. SCHOOL**	
c. HOME ADDRESS	**d. HOME ADDRESS** (line 2)	
e. CITY	**f. STATE**	**g. ZIP**
h. E-MAIL	**i. GRADE LEVEL** ☐ 9 ☐ 10 ☐ 11 ☐ 12	
j. INSTRUCTOR NAME	**k. TYPE OF UNIT (check one)** ☐ JROTC ☐ CAP	

2. FOR OFFICIAL USE ONLY

☐	FORM JDSA-001 Community Service Log
☐	FORM JDSA-002 Cadet Questionnaire
☐	FORM JDSA-005 Cadet Essay
☐	Applicant photo
☐	Letter of Recommendation 1
☐	Letter of Recommendation 2
☐	Letter of Recommendation 3 (not required)

ADDITIONAL NOTES

AWARD DECISION		APPROVED		NOT APPROVED