



## Nomination Enrollment Application Military

This nomination form is intended to provide basic information concerning a Military service member being nominated for a *Big Hearts under the Big Sky* experience. As part of the evaluation and trip granting process additional clarifying information or follow-up descriptions may be requested in addition to that being requested on this form.

### Section 1: Basic Nominee Information

Name of Nominee(s): \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ Gender \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Section 2: Individual/Organization Making the Nomination

Organization Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relation to Nominee: \_\_\_\_\_

- Does the nominating Individual/Organization have the capacity to offer any financial support for this trip? If so please describe.
- Has the Nominee received a donated adventure experience in the last three years; if so please list them below.

### Section 3: Desired Experience

- What type of Montana-based outdoors adventure experience is desired/requested (e.g. fishing, hunting, camping, backcountry pack trip, other)?
- *Big Hearts under the Big Sky* emphasizes service to families as a means to strengthen and restore through shared experience the benefits of a trip.
- Please list the family members by name, relation, gender and age that would likely attend if the trip is granted.
- What physical challenges do the nominee or family members face and would should be taken into account if this trip were granted?
- What activities would the attending family members like to enjoy as part of the Big Heart's experience?

### Section 4: Nominee Qualifications

*Big Hearts under the Big Sky* was established to provide therapeutic outdoor experiences to those who have provided extra-ordinary service to our country and to do so in a way that allows the family to enjoy and share in the experience to the fullest extent possible. There is no prerequisite requirement of injury to be considered under this program. Family members and care givers are also qualified for consideration under the BHUBS program.

- Brief Description of Military Service Record or affiliation and status:
- Is the nominee a Combat Veteran? \_\_\_\_\_
- Is the nominee a Purple Heart Recipient? \_\_\_\_\_
- Why is this nominee a good candidate for a Big Hearts adventure trip experience?
- In what ways will the nominee's family benefit from the experience?
- Are there any medical or physical challenges faced by the nominee or attending family members that affect their safety, mobility or ability to participate in the requested trip experience if granted?