**2024 Medal of Honor Award Nomination**

***For actions taken between January 1 and December 31, 2024  
Only one application allowed per agency.***

***(Click on each box to enter required information)***

**Nominee’s name:** Nominee’s name

**Rank:** Rank

**Nominee’s phone: (work)** ###-###-####

**(cell)** ###-###-####

**Nominee’s email address:** Nominee’s email

**Agency:** Agency

**Agency address:**  Agency address

**City:** City

**State:** State

**Zip Code:** #####

**Agency phone:** ###-###-####

**Name of Chief:** Name of Chief

**Title or rank:**  Title or rank

**Chief’s phone: (work)** ###-###-####

**(cell)** ###-###-####

**Chief’s email address:** Chief’s email address

**Chief’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* Nomination must be signed by the Chief to ensure the nomination is approved by the submitting agency\*\*Nominators name:** Nominator’s name

**Nominator’s phone: (work)** ###-###-####

**(cell)** ###-###-####

**Nominator’s email address:** Nominator’s email address

**Please attach:**

* **Detailed description of the nominee’s actions and/or performance including how the actions or performance meet the award criteria (Please check our Web Site for criteria)**
* **Relevant references or supporting documents**
* **An executive summary of the nomination (250-300 words) that describes nominee’s actions and/or performance is also recommended**

**Completed applications must be received by the**

**Chairman of the MCPA Awards Committee**

**no later than: May 15, 2025.**

**Email: cwilliams@howardcountymd.gov**

**Mail: Captain Chris Williams**

**MCPA Awards Committee Chairman**

**Howard County Police Department**

**3410 Courthouse Dr.**

**Ellicott City, Maryland 21043**

**Contact Number: 410-313-2304**

**Email: cwilliams@howardcountymd.gov**