



# OPERATION EAGLE RECOGNITION APPLICATION FORM CLEVELAND HILL PATRIOT WALL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Year of Enlistment: \_\_\_\_\_

Year of Your Honorable Discharge: \_\_\_\_\_

Last Year Attended/Graduated: \_\_\_\_\_

Please include a copy of your Honorable Discharge Certificate or DD 214 (Social Security # blacked out).

Please return this application with proof of service to:

Mr. Wayne Weiser  
Operation Eagle Recognition  
Cleveland Hill Union Free School District  
105 Mapleview Road  
Cheektowaga, NY 14225