



# AOC Hal Gershanoff Silver Medal Nomination Form

**Description:** The Hal Gershanoff AOC Silver Medal is presented to an AOC member to recognize outstanding service in furthering the goals of the Association or its Chapter organization(s). It is the highest award given to a member for dedicated service to the AOC at the Chapter, National/ International levels over a significant period of time.

**Instructions:**

1. Section 1: Complete the contact and background information for the Nominee.
2. Section 2: Nominee’s achievements. Provide written evidence and supporting information to substantiate the nominee's achievements.
3. Section 3: Submit a proposed citation to accompany the award.
4. Section 4: Complete the contact information of the Nominator.
5. Section 5: Details of person to be contacted if selected.

**Section 1: Nominee’s Information**

Name:		Rank/Title:	
AOC Member Number:		Chapter Affiliation:	
Company:		Job Title:	
Address:		Address:	
City		State/Province/County:	
Postal Code:		Country:	
Phone:		Email:	

**Section 2: Qualifications:**

**AOC Membership Requirements:**

Membership of the AOC is required. Tick box to confirm at least 25 years of membership.

Tick box to confirm the nominee served as an AOC Officer or on the AOC Board of Directors and/or served as AOC Chapter President or Chapter Officer

List offices held and respective organization:

**Exclusions:** Tick box to confirm that the Nominee is not on the current AOC Board of Directors or Board of Governors.

**Eligibility Requirements:** Provide Nominee’s details in the following areas. Include supporting explanations and examples. Specific individual outstanding achievement and leadership over the previous calendar year or sustained performance over a period of several years shall be used as evidence to justify the nominee's nomination.



## AOC Hal Gershanoff Silver Medal Nomination Form

AOC Impact - Chapter, HQ and Community

Provide written details, specific examples and supporting information on the nominee's achievements and support at the Chapter level or at the Board of Directors level.

Provide written details, specific examples and supporting information on how the nominee, in a significant manner, advanced the goals of the Association or its Chapter organization(s). The stated goals of the AOC are Advocacy, Education, Support



## AOC Hal Gershanoff Silver Medal Nomination Form

Provide written details, specific examples and supporting information on any awards the nominee received, keynote speaker presentations, conference chairman and briefings at University, Government, or Industry Events.

Provide written details, specific examples and supporting information on how the nominee made significant contributions to the fraternity of the AOC, its Chapters, or its members. The nature of the contributions must have, in some way, materially improved the AOC fraternity.



## AOC Hal Gershanoff Silver Medal Nomination Form

Provide written details, specific examples and supporting information on how the nominee's advancements were of a systemic or long-term impact influencing a broad and deep improvement in the AOC.

Provide a list with details, specific examples and supporting information on how the nominee chaired multiple symposia and committees.



## AOC Hal Gershanoff Silver Medal Nomination Form

EW Community Awareness:

Provide written details, specific examples and supporting information on how the nominee's contributions to Electronic Warfare were of a magnitude causing significant long-term impact

Provide written details, specific examples and supporting information on how the nominee's contributions and achievements were evident to, and known by, the Electronic Warfare community.



ASSOCIATION  
OF OLD CROWS

## AOC Hal Gershanoff Silver Medal Nomination Form

Anything Additional You Would Like to Add Not Mentioned Above

**Section 3: Proposed Award Citation (in less than 30 words)**



**Section 4: Nominator's Contact Information**

Name:		Rank/Title:	
AOC Member Number:		Chapter Affiliation:	
Company:		Job Title:	
Address:		Address:	
City		State/Province/County:	
Postal Code:		Country:	
Phone:		Email:	

Signature and Date: \_\_\_\_\_

**Section 5: If selected, details of person to be contacted (in addition to nominator)**

Name:		Rank/Title:	
AOC Member Number:		Chapter Affiliation:	
Company:		Job Title:	
Address:		Address:	
City		State/Province/County:	
Postal Code:		Country:	
Phone:		Email:	