



Sioux Falls Quilt Guild

Quilt of Valor Application Form

Name of guild member:

Person recommended to receive a Quilt of Valor:

How do you know this person:

Is this person currently serving in the armed forces? Yes / No

Is this person currently deployed? Yes / No

If this person is a veteran

- Approximately when did he/she serve in the military

- Which war did he/she serve in?

Date referral received _____

Date quilt given _____