



# Franklin Square Civic Association Hometown Heroes Banner Application

## BANNER SPONSOR INFORMATION - PLEASE PRINT CLEARLY AND LEGIBLY:

Banner Sponsor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: (please print) \_\_\_\_\_

### BANNER CHOICE – SELECT ONE

Hometown Hero (Hero lives/lived in Franklin Square) Hero dates of Franklin Square Residency \_\_\_\_\_

Honored Hero (Sponsor lives in Franklin Square) Sponsor dates of Franklin Square Residency \_\_\_\_\_

### HOMETOWN HERO CATEGORY – SELECT ONE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Army            | <input type="checkbox"/> Police Department | <input type="checkbox"/> Doctor              |
| <input type="checkbox"/> Navy            | <input type="checkbox"/> Fire Department   | <input type="checkbox"/> Nurse               |
| <input type="checkbox"/> Air Force       | <input type="checkbox"/> EMT               | <input type="checkbox"/> Nurse Practitioner  |
| <input type="checkbox"/> Marines         | <input type="checkbox"/> Paramedic         | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Coast Guard     |  | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Merchant Marine |  |  |

### SPONSOR-ONLY

Check this box if you do not have a specific hero to sponsor but would still like to contribute to the program. Any amount is appreciated.

**Note: If you choose sponsor-only, you do not have to fill out the rest of the form below.**

## HOMETOWN HERO INFORMATION – PLEASE PRINT CLEARLY AND LEGIBLY:

Exact name to appear on banner (Example: John D. Smith) \_\_\_\_\_

Years of Service (and War or Conflict if applicable) \_\_\_\_\_

Member of VFW Post 2718: Yes No      Purple Heart Recipient: Yes No      POW: Yes No

I, (banner sponsor name) \_\_\_\_\_, approve and authorize the use

of my name and image, or my family member's name and image, on a Hometown or Honored Heroes banner,

to be displayed in Franklin Square. I confirm that I, or my family member, meet the eligibility requirements.

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

### PLEASE SUBMIT ALONG WITH THE APPLICATION FORM:

- A high-resolution photograph of the honored individual in uniform where applicable. (minimum size photo 4"x6", maximum size 5"x7", portrait orientation).
- Check in the amount of \$135.00 payable to Franklin Square Civic Association (put Hometown Heroes in the memo line) – **Due by March 7, 2025 in order for the banner to be displayed in the Spring of 2025.**

Please mail the form with photograph and payment to: Hometown Heroes Banner Project, C/O Adrienne McKenna, 712 Ash Street, Franklin Square, NY 11010. Please include a self-addressed, stamped envelope if you would like the photograph returned.

**The application is not considered complete until application, photograph, and check have been received.**

If you have additional questions, or need additional information, please email the FSCA Hometown Program Coordinator at [hometownheroes@fsqcivic.org](mailto:hometownheroes@fsqcivic.org), or call Adrienne McKenna at (516) 592-3405

To Join the Franklin Square Civic Association, visit <https://fsqcivic.org/index.php/en/membership/join-fsca-online>