

Honors Military Program - Referral Form

Instructions:

- **Section I:** (1) Enter the jobseeker's full name, email address, and Honors number; (2) Check the box to verify you have approval to submit this request and to signify you understand the current state criteria for participation.
- **Section II:** Provide complete contact information for the representative making the referral (this person agrees to provide follow-up information, when requested).
- **Section III:** This information is being requested for follow-up and reporting on overall program success. Only aggregate program total numbers will be shared with Hilton.
- **SUBMIT COMPLETED FORM TO: State POC and include "Hilton Honors Referral" in the subject line. Form does not go to Hilton. Retain for staff usage only.**

SECTION I: HONORS POINTS RECIPIENT

Name	
Email	
Honors Number	

By checking this box I confirm the Honors Points recipient meets current state eligibility criteria for participation.

SECTION II: STATE or PARTNER AGENCY REPRESENTATIVE MAKING REFERRAL

Name	Michelle Haynesworth	Title	Program Coordinator
Email	michelle.haynesworth@commerce.nc.gov	Date	

SECTION III: ADDITIONAL HONORS RECIPIENT INFORMATION:

Military Status	<input type="checkbox"/> Veteran (Post 9/11) <input type="checkbox"/> NG/R <input type="checkbox"/> Veteran (Pre 9/11) <input type="checkbox"/> Spouse <input type="checkbox"/> Transitioning Service Member
Branch of Uniformed Service	<input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Space Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> USPHS <input type="checkbox"/> NOAA
Military Rank (if applicable)	<input type="checkbox"/> Enlisted <input type="checkbox"/> Officer
Reason for Referral*	<input type="checkbox"/> Job interview <input type="checkbox"/> Confirmed job search <input type="checkbox"/> Training for new job <input type="checkbox"/> Housing search (based on job offer) <input type="checkbox"/> Other (Explain below)
<i>Provide additional information such as name of company, position, location, training course, etc.</i>	*ADDITIONAL INFORMATION:
Total Point Request:	Total Points Remaining:

Section IV: APPROVAL (TO BE COMPLETED BY SWA/HILTON POC)

<input type="checkbox"/> APPROVED Date submitted to Hilton:	<input type="checkbox"/> DENIED Reason:
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