



## CoBank “No Barriers” Program for Rural Veterans with Disabilities

### Veteran Nomination Form

In 2017, CoBank is partnering with its customers to honor our nation’s rural veterans by sponsoring a series of No Barriers Warriors expeditions. Eligible CoBank customers, may nominate one veteran with a disability from their community to participate. No Barriers Warriors can accommodate combat-wounded or training-injured veterans from any branch of service. Candidates must have a VA disability rating. The program will be open to the first 50 nominees who meet the program requirements.

Nominations should be submitted to Sherry Johnson, Senior Manager of Corporate Social Responsibility at CoBank. (See contact information below.) Information will then be submitted to No Barriers, which will contact nominated veterans and ask them to submit a formal expedition application. At that time, the veteran will learn more about the program and its requirements so that he/she is able to determine if the experience is appropriate for him/her.

Participants whose degree of disability makes them physically unable to participate in an expedition will be offered the opportunity to participate in the annual No Barriers Summit, a four-day, experiential event that motivates



participants through a series of inspirational speakers and adaptive activities such as hiking, rock climbing, kayaking, and skateboarding. CoBank will cover the cost for the veteran and a caregiver/family member to attend the Summit.

**If you have any questions about the CoBank program or the nomination process, please contact Sherry Johnson at [sjohnson@cobank.com](mailto:sjohnson@cobank.com) or (303) 740-6518.**



## Nomination Information:

### Person you would like to nominate:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

What, if any, is the connection between your organization and the veteran you are nominating?

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Please describe why you feel this veteran or service member would be a good fit for the CoBank/No Barriers program?

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### Nominator Information: Who are you?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

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**Please note: This program will be open to the first 50 nominees who meet all program requirements. Nomination does not guarantee acceptance to the program.**

**Please return completed nomination forms to  
Sherry Johnson at [sjohnson@cobank.com](mailto:sjohnson@cobank.com)**

