

The American Legion "Educator of the Year" Nomination Instructions



The Educator who best meets the qualifications outlined in the Nomination Application will be selected as The American Legion "Educator of the Year" by the Department Children and Youth Committee. The winner will be presented with a suitable plaque and receive one night stay at the Department of Louisiana State Convention.

<u>Instructions for completing the Application</u>

Eligibility

Must be an Educator in any grade (Pre-K through 12) in any public, private, parochial, or charter school or academy recognized by the Board of Elementary and Secondary Education (BESE) in the State of Louisiana.

Nomination Form

The applicant should print in black ink or type all the information in this packet. Each section should be completed with as much information as possible. If more space is needed for a section the applicant may use additional pages.

Personal Information – Fill this out completely and include a **black and white** photo of the applicant.

Section A – Briefly outline the professional career of the nominee.

Section B – List all Educational Honors, Awards, and Letters of Recognition.

Section C – List all participation in Community Service Activities.

Section D – Describe your Family Values.

Endorsement – This completed nomination form must be reviewed and signed by the applicant's principal and/or superintendent.

Certification – Each local winner must be certified by the local Post Commander. Each District winner must be certified by the District Commander. The Department of Louisiana must be certified by the Department Children and Youth Chairman.

Important – **<u>DO NOT</u>** send completed packets to the Department of Louisiana.

Please return to your sponsoring local American Legion Post by date listed below.

<u>Turn in packets</u> Post – TBD by Post District – March 1, 2019 Department – April 1, 2019



Department of Louisiana Educator of the Year Nomination Form



Applicant Name:	
Address:	Place
Phone Numbers: Home	Photograph
Cell	_
	Here
School Name:	(Black & White ONLY)
Address:	
Phone Number:	-
Principal:	
	<u>Endorsements</u>
School District:	
Address:	Principal Signature Date
Phone Number:	_
	Superintendent Signature
Superintendent:	



Section A Professional Career



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Section B			
Honors, Awards, and Letters of Recognition			



Section C



GIOT	Community Service Activities	EGIOT
	Section D Family Values	

Department of Louisiana Educator of the Year Certification Form

Post Level		
Post:	District:	Dept:
Name of Post Win	nner:	
Signature of Post Adjutant		Signature of Post Commander
District Level		
Post:	District:	Dept:
Name of District V	Winner:	
Signature of District Adjutant		Signature of District Commander
Department Level		
Post: I	District:	Dept:
Name of Applican	it:	
Signature of Department Adjutant		Signature of Department Children & Youth Chairman