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.

Instructions for completing the Application

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 – DO NOT send completed packets to the Department of Louisiana. Please return to your sponsoring local American Legion Post by date listed below.

Turn in packets
Post – TBD by Post
District – March 1, 2020
Department – April 1, 2020
Department of Louisiana
Educator of the Year
Nomination Form

Applicant Name: 
______________________________________

Address: 
______________________________________
______________________________________

Phone Numbers: 
Home
______________________________________
Cell
______________________________________

School Name: 
______________________________________

Address: 
______________________________________
______________________________________

Phone Number: 
______________________________________
Principals: 
______________________________________

School District: 
______________________________________

Address: 
______________________________________
______________________________________

Phone Number: 
______________________________________
Superintendent: 
______________________________________

Place Photograph Here
(Black & White ONLY)

Endorsements

Principal Signature
______________________________________
Date
______________________________________
Superintendent Signature
______________________________________
Date
Section C
Community Service Activities


Section D
Family Values


Department of Louisiana
Educator of the Year
Certification Form

Post Level

Post: ______  District: ______  Dept: ______

Name of Post Winner: _________________________________

Signature of Post Adjutant ____________________________

Signature of Post Commander __________________________

District Level

Post: ______  District: ______  Dept: ______

Name of District Winner: _______________________________

Signature of District Adjutant __________________________

Signature of District Commander _________________________

Department Level

Post: ______  District: ______  Dept: ______

Name of Applicant: _________________________________

Signature of Department Adjutant _______________________

Signature of Department Children & Youth Chairman ___________