



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 2020-2021” 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 – April 1, 2021

Department – May 1, 2021



Department of Louisiana
Educator of the Year
Nomination Form



Applicant Name:

Address:

Phone Numbers:

Home

Cell

**Place
Photograph
Here**

(Black & White ONLY)

School Name:

Address:

Phone Number:

Principal:

School District:

Address:

Phone Number:

Superintendent:

Endorsements

Principal Signature

Date

Superintendent Signature

Date

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
