



LEGIONNAIRE OF THE YEAR AWARD

NAME: _____
(Applicants will be assessed based on previous year(s) accomplishments)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POST NAME & NO: _____

MEMBERSHIP STATUS: _____ CONTINUOUS YEARS: _____

POSITIONS HELD IN LEGION: _____

COMMUNITY ACTIVITIES: _____

WHAT EXEMPLIFIES THIS PERSON AS A LEGIONNAIRE: (use additional sheets as needed)

IS THIS PERSON A LEADER IN WHAT HE/SHE DOES: _____

DOES LEGIONNAIRE INTEND TO ASPIRE TO HIGHER POSITIONS WITHIN THE AMERICAN LEGION: _____

IS THIS PERSON WELL RESPECTED IN HIS/HER POST AND COMMUNITY: _____

WOULD YOU AS A CITIZEN LEADER RECOMMEND THIS PERSON FOR ADVANCEMENT IN THE AMERICAN LEGION (explain): _____

This form must be submitted to: **THE AMERICAN LEGION, DEPARTMENT OF GEORGIA LEGIONNAIRE OF THE YEAR AWARD**, no later than **May 1**. Form and attachments can also be submitted via Email by pressing **Submit Button**.

SUBMITTED BY: _____
Complete with attached recommendations. Do NOT submit more than eight (8) pages of additional documentation.