LEGIONNAIRE OF THE YEAR AWARD
(Applicants will be assessed based only on previous year(s) accomplishments)

NAME: ______________________________________________________________

ADDRESS: __________________________________________________________

CITY: ___________________________ STATE: ______ ZIP: _____________

POST NAME & #: _______________________________________________________

  Membership Status: ____________  Continuous Years: __________

Positions held in The American 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 VERMONT,
P O Box 396, Montpelier VT  05601-0396, no later than MAY 1

Performance MUST have been accomplished during a recent year!

SUBMITTED BY: _____________________________________________________

Complete with attached recommendations.