

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.