

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.

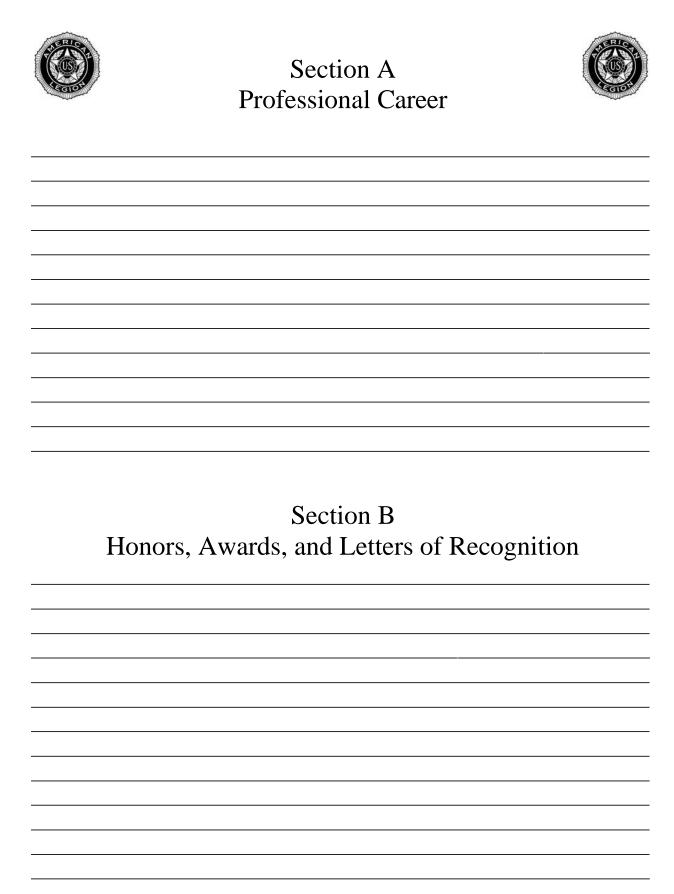
Endorsement – This completed nomination form must be reviewed and signed by the applicant's principal and/or superintendent.

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.

<u>Turn in packets</u> Post – TBD by Post District – March 1, 2020 Department – April 1, 2020

Department of Louisiana Educator of the Year Nomination Form Applicant Name: Address: Place Phone Numbers: Photograph Home Cell Here School Name: (Black & White ONLY) Address: Phone Number: Principal: Endorsements School District: Principal Signature Address: Date Phone Number: Superintendent Signature Superintendent: 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 W | vinner: | |
| Signature of Post Adjutant | | Signature of Post Commander |
| District Level | | |
| Post: | District: | Dept: |
| Name of Distric | t Winner: | |
| Signature of District Adjutant | | Signature of District Commander |
| Department Lev | el | |
| Post: | District: | Dept: |
| Name of Applic | ant: | |
| Signature of Department Adjutar | nt | Signature of Department Children & Youth Chairman |