# 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 2024-2025” by the Department Children and Youth Committee. The winner will be presented with a suitable plaque.

# 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.

**Districts: send completed packages to: Linda Resendez, 4398 Parkridge Drive, Benton, LA 71006-9706; 318-458-0573 (cell);** **resendezdl@aol.com**

Turn in packets Post – TBD by Post

District – TBD by District

Department – May 3, 2025

Department of Louisiana Educator of the Year Nomination Form

School District: Address:

Phone Number:

Superintendent:

Endorsements

Principal Signature Date

Superintendent Signature Date

School Name: Address:

Phone Number: Principal:

Place Photograph Here

(Black & White ONLY)

Applicant Name: Address:

Phone Numbers:

Home Cell

Section A Professional Career

Section B

Honors, Awards, and Letters of Recognition

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 Winner:

Signature of Post Adjutant Signature of Post Commander

## District Level Post:

District:

Dept:

Name of District Winner:

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Signature of District Adjutant Signature of District Commander

## Department Level

Post:

District:

Dept:

Name of Applicant:

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Signature of Department Adjutant Signature of Department Children & Youth Chairman