# The American Legion Department of Louisiana

**2024-2025 Application Form Citizen of the Year**

Date:

Name: Sex:

Home Address:

City & State: Zip:

Phone:

Age:

How has this individual volunteered in the community?

How has this individual distinguished themselves from other individuals in the community?

How has this individual shown leadership abilities to motivate others to benefit the community?

How has the individual made a significant positive impact in the community? List any additional factors in support of the individual.

**I do hereby certify this candidate to be the nominee for Citizen of the Year for Post , District , Department of Louisiana, American Legion.**

**X Signature of Post Commander**

**I do hereby certify this candidate to be the nominee for Citizen of the Year for District , Department of Louisiana, American Legion.**

**X Signature of District Commander**

**April 15, 2025 due from District to Department Chairperson for consideration.**