

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.