

THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN

APPLICATION FOR “WISCONSIN LEGISLATOR OF THE YEAR” AWARD

Our Candidate: _____

Address: _____ City: _____

Zip Code: _____ County: _____ District: _____

Recommended by Post No: _____ of The American Legion located in: _____

How long has the candidate been serving as Legislator? _____

Present Position: _____
(U.S. or State Senator, State Assembly or U.S. Representative)

REQUIREMENTS: *(Use the reverse side or attach your typewritten recommendations to this application.)*

- (a) Attach a resume of his/her experience and include what service to Wisconsin veterans makes them worthy of the award.
- (b) Biographical sketch of applicant, including education, family, church affiliation (if any), fraternal or social organizations.
- (c) What, in your opinion, makes this candidate an outstanding Legislator? **(Include accomplishments outside of work – community involvement.)**

DO NOT SUBMIT ANY SCRAPBOOKS as judging will be on the above three (3) requirements (a, b, c).

Applicant must be an incumbent Legislator.

DISTRICT WINNER

(To be completed by District Commander, Adjutant and Legislative Chairman.)

The American Legion, Department of Wisconsin District _____ winner is the individual listed above under ‘Our Candidate’.

District Adjutant

District Commander

Date

District Legislative Chairman