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COOPER AWARD

REPORT FORM FOR JUNE 1 TO MAY 31

The Department Americanism Awards are distributed each year at the Department Convention. To compete for the Americanism Awards fill out the Award form and Certification form (on the following page) for each award that you are competing for and submit no later than **JUNE 1st** of each year.

The Cooper Award is awarded annually to that Post of The American Legion, Department of Wisconsin doing the most consistent service in the interest of the boys between the ages of 8 and 18. **NOTE:** Attach a separate sheet(s) explaining activities in detail, such as clippings of activities, certified copies of receipts for money expended, other evidence to substantiate the report, photographs or any other activities not mentioned.

Post No. _____ Post City _____ Membership _____

1. **Boy Scouts or Sea Scouts:** _____

2. **American Legion Baseball:** _____

3. **Other Junior Sports carried on by the Post this year:** _____

4. **Junior Musical Organizations:** _____

5. **Awards-School Awards, etc.:** _____

6. **Social Activities:** _____

7. **Recreational Facilities and Activities:** _____

8. **Badger Boys State:** _____

9. **Sons of The American Legion:** _____

10. **Miscellaneous:** _____

COOPER AWARD CERTIFICATION FORM

Dear Post Adjutant,

In order to be eligible for the Cooper Award, the Report Form on the previous page must be filled out in its entirety.

The Post Adjutant, with the assistance of the Post Commander, has the responsibility to see that the report is properly executed and returned to Department Headquarters not later than **JUNE 1**.

In preparing the report, answer 'NO' if your Post does not engage in the particular activity. For activities the Post participates in, answer clearly and briefly. If an explanation is necessary, attach a separate sheet(s) explaining activities in detail.

The certification form provided below must be completed in order for your Post to be eligible for the Cooper Award.

CERTIFICATION FORM

For: Cooper Award

This certifies that the programs described on the Cooper Award Report Form have been conducted by:

Post No: _____ Post Address: _____

City: _____ Zip Code: _____

Signature: _____

Post Americanism Chairman

Certified by: _____

Post Commander or Adjutant

Date: _____

MCCOY & O.W. ROLFE AWARDS

REPORT FORM FOR JUNE 1 TO MAY 31

The Department Americanism Awards are distributed each year at the Department Convention. To compete for the Americanism Awards fill out the Award form and Certification form (on the following page) for each award that you are competing for and submit no later than **JUNE 1st** of each year.

McCoy Americanism Award

Awarded annually to that Post of The American Legion, Department Wisconsin whose membership is 151 or more, doing the most work in Americanism, providing the membership of that Post is no less than eighty percent of its membership of the preceding year.

O.W. Rolfe Americanism Award

Awarded annually to that Post of The American Legion, Department of Wisconsin whose membership is 150 or less, doing the most work in Americanism, providing the membership of that Post is not less than Eighty percent of its membership of the preceding year.

NOTE: Attach a separate sheet(s) explaining activities in detail, such as clippings of activities, certified copies of receipts for money expended, other evidence to substantiate the report, photographs or any other activities not mentioned.

Post No. _____ Post City _____ Membership _____

1. Campaign to "Get Out The Vote": _____
2. Education in voting: _____
3. Memorial Day Program: _____ How many cemeteries visited: _____
Number of Legion markers placed on graves: _____ Others: _____
4. Veterans Day Program: _____ Was there a speaker: _____
Public: _____ Post only: _____
5. Independence Day Program: _____ Was there a speaker: _____
6. Number of other patriotic programs: _____ Submit evidence.
7. Number of patriotic speakers furnished: _____
8. Patriotic instruction in school and to public: _____
9. Department Oratorical Contest: _____
10. National Education Week Observance: _____
11. Flag codes framed and presented: _____
12. Number of Flag Codes distributed: _____ To whom: _____
13. Number of flag books presented: _____ To whom: _____
14. Flags presented: _____ To whom: _____
15. Flag essay contest: _____ How many written: _____
16. Education of flag etiquette and display: _____ How: _____
17. How many patriotic films shown: _____ List titles: _____
18. Citizenship classes promoted: _____
19. Naturalization Program: _____ How many naturalized: _____
20. Local or County Government Day: _____
21. Any other Americanism or patriotic activity: _____

MCCOY & O.W. ROLFE AWARDS CERTIFICATION FORM

Dear Post Adjutant,

In order to be eligible for the McCoy or O.W. Rolfe Award, the Report Form on the previous page must be filled out in its entirety.

The Post Adjutant, with the assistance of the Post Commander, has the responsibility to see that the report is properly executed and returned to Department Headquarters not later than **JUNE 1**.

In preparing the report, answer 'NO' if your Post does not engage in the particular activity. For activities the Post participates in, answer clearly and briefly. If an explanation is necessary, attach a separate sheet(s) explaining activities in detail.

The certification form provided below must be completed in order for your Post to be eligible for the McCoy or O.W. Rolfe Award.

CERTIFICATION FORM

For: McCoy and O.W. Rolfe Awards

This certifies that the programs described on the McCoy or O.W. Rolfe Awards Report Form have been conducted by:

Post No: _____ Post Address: _____

City: _____ Zip Code: _____

Signature: _____

Post Americanism Chairman

Certified by: _____

Post Commander or Adjutant

Date: _____

PENDILL & HARVEY V. HIGLEY AWARDS

REPORT FORM FOR JUNE 1 TO MAY 31

The Department Americanism Awards are distributed each year at the Department Convention. To compete for the Americanism Awards fill out the Award form and Certification form (on the following page) for each award that you are competing for and submit no later than **JUNE 1st** of each year.

Pendill Award

Awarded annually to that Post in The American Legion, Department of Wisconsin whose membership is 200 or more, accomplishing the greatest civic achievement for the preceding year.

Harvey V. Higley Award

Awarded annually to that Post in The American Legion, Department of Wisconsin whose membership is between 15 and 199, accomplishing the greatest civic achievement for the preceding year.

NOTE: Attach a separate sheet(s) explaining activities in detail, such as clippings of activities, certified copies of receipts for money expended, other evidence to substantiate the report, photographs or any other activities not mentioned. Check with your Adjutant, Service Officer, Historian and Committee Chairmen.

Post No. _____ Post City _____ Membership _____

1. Health: _____

2. Education: _____

3. Social Work: _____

4. Employment: _____

5. Recreation: _____

6. Music: _____

7. Beatification of Town or City: _____

8. Entertainment: _____

9. Memorials: _____

10. Youth Activities: _____

11. Miscellaneous: _____

PENDILL & HARVEY V. HIGLEY AWARDS CERTIFICATION FORM

Dear Post Adjutant,

In order to be eligible for the Pendill or Harvey V. Higley Award, the Report Form on the previous page must be filled out in its entirety.

The Post Adjutant, with the assistance of the Post Commander, has the responsibility to see that the report is properly executed and returned to Department Headquarters not later than **JUNE 1**.

In preparing the report, answer 'NO' if your Post does not engage in the particular activity. For activities the Post participates in, answer clearly and briefly. If an explanation is necessary, attach a separate sheet(s) explaining activities in detail.

The certification form provided below must be completed in order for your Post to be eligible for the Pendill or Harvey V. Higley Awards.

CERTIFICATION FORM

For: Pendill and Harvey V. Higley Awards

This certifies that the programs described on the Pendill or Harvey V. Higley Awards Report Form have been conducted by:

Post No: _____ Post Address: _____

City: _____ Zip Code: _____

Signature: _____
Post Americanism Chairman

Certified by: _____
Post Commander or Adjutant

Date: _____

ATHLETICS AND SPORTS FOR SPALDING VICTORY AWARD

REPORT FORM FOR JUNE 1 TO MAY 31

The Department Americanism Awards are distributed each year at the Department Convention. To compete for the Americanism Awards fill out the Award form and Certification form (on the following page) for each award that you are competing for and submit no later than **JUNE 1st** of each year.

The Athletics and Sports for Spalding Victory Award is awarded annually to that Post of The American Legion, Department of Wisconsin sponsoring the most intensive program of diversified sports. **NOTE:** Attach a separate sheet(s) explaining activities in detail, such as clippings of activities, certified copies of receipts for money expended, other evidence to substantiate the report, photographs or any other activities not mentioned.

Post No. _____ Post City _____ Membership _____

1. Did your Post sponsor American Legion Baseball? _____
 2. Number of teams for local competition: _____
 3. Total number of boys out for Baseball: _____
 4. Was your team officially entered in State competition? _____
 5. Give cost of Baseball to your Post for the year: \$ _____
 6. Did your Post sponsor a Junior or Senior Hockey Team? _____
 7. Did your Post sponsor a Bowling Team? _____ Number: _____
 8. How many team did your Post enter in the Department Bowling Tournament: _____
 9. Did your Post have Softball Teams? _____ Number: _____
 10. Did your Post sponsor a Curling Team? _____
 11. Was your team officially entered in Department Curling Bonspiel competition? _____
 12. How many Post Golf Contests were sponsored for Legionnaires? _____
 13. Did your Post team enter the Department Golf Tournament? _____
 14. How many members of your Post entered the Department Golf Tournament? _____
 15. Trapshooting? _____
 16. Did your Post enter a Department Trapshooting Contest? _____
 17. Publicity – Amount of publicity given your program will give points but clippings must be enclosed. In order for the publicity to be eligible it must clearly identify American Legion sponsorship.
 18. Other Athletic activities not listed (i.e. tennis horseshoe, football, archery, basketball, swimming, etc.): _____
-

***ATHLETICS AND SPORTS FOR SPALDING
VICTORY AWARD
CERTIFICATION FORM***

Dear Post Adjutant,

In order to be eligible for the Athletics and Sports for Spalding Victory Award, the Report Form on the previous page must be filled out in its entirety.

The Post Adjutant, with the assistance of the Post Commander, has the responsibility to see that the report is properly executed and returned to Department Headquarters not later than **JUNE 1**.

In preparing the report, answer 'NO' if your Post does not engage in the particular activity. For activities the Post participates in, answer clearly and briefly. If an explanation is necessary, attach a separate sheet(s) explaining activities in detail.

The certification form provided below must be completed in order for your Post to be eligible for the Athletics and Sports for Spalding Victory Award.

CERTIFICATION FORM

For: Athletics and Sports for Spalding Victory Award

This certifies that the programs described on the Athletics and Sports for Spalding Victory Award Report Form have been conducted by:

Post No: _____ Post Address: _____

City: _____ Zip Code: _____

Signature: _____
Post Americanism Chairman

Certified by: _____
Post Commander or Adjutant

Date: _____

JESSEL S. WHYTE MEMORIAL AWARD

REPORT FORM FOR JUNE 1 TO MAY 31

The Department Americanism Awards are distributed each year at the Department Convention. To compete for the Americanism Awards fill out the Award form and Certification form (on the following page) for each award that you are competing for and submit no later than **JUNE 1st** of each year.

The Jessel S. Whyte Memorial Award is awarded annually to that Post of The American Legion, Department of Wisconsin that has been outstanding in the promotion of The American Legion School Award Program in its community. **NOTE:** Attach appropriate local newspaper clippings, pictures and other publicity regarding the presentation of the awards. Also attach Award Day or Commencement programs of schools, if available, which lists School Award presentation by The American Legion regarding Legion programs.

Post No. _____ Post City _____ Membership _____

1. Total number of elementary and high schools in community, public/parochial: _____
2. Were all schools invited to participate in the program? _____
3. Number of schools actively participating in the program: _____
4. Total number of awards presented: _____ (to boys _____ to girls _____)
5. Were awards presented at a regular Award Day program? _____
6. Commencement program? _____
7. Who presented the awards? Post Commander: _____ Americanism Chrm: _____
8. Other Post Officer (state title): _____ Post member: _____
9. How many members of the Post participated in, or were present during, the program at which awards were presented? _____
10. Explain below how students, faculties and the entire community were familiarized with the program. Did Legionnaires explain the program to the students and faculty members stressing the five traits of Honor, Courage, Scholarship, Leadership and Service upon which the awards were to be made? Also, was suitable publicity in local papers arranged for, stressing that the sole purpose of the program was the cultivation of high character and wholesome ideals in youth approaching active citizenship? _____

11. Were recipients of awards selected by Po0st Committee guided by the recommendations of school administrator, faculty members and secret ballots cast by members of the graduation class? _____
12. Did publicity in newspapers and school programs clearly identify American Legion sponsorship of this School Award Program? _____
13. Other comments regarding your Post's participation in this program not covered above: _____

JESSEL S. WHYTE MEMORIAL AWARD ***CERTIFICATION FORM***

Dear Post Adjutant,

In order to be eligible for the Jessel S. Whyte Memorial Award, the Report Form on the previous page must be filled out in its entirety.

The Post Adjutant, with the assistance of the Post Commander, has the responsibility to see that the report is properly executed and returned to Department Headquarters not later than **JUNE 1**.

In preparing the report, answer 'NO' if your Post does not engage in the particular activity. For activities the Post participates in, answer clearly and briefly. If an explanation is necessary, attach a separate sheet(s) explaining activities in detail.

The certification form provided below must be completed in order for your Post to be eligible for the Jessel S. Whyte Memorial Award.

CERTIFICATION FORM

For: Jessel S. Whyte Memorial Award

This certifies that the programs described on the Jessel S. Whyte Memorial Award Report Form have been conducted by:

Post No: _____ Post Address: _____

City: _____ Zip Code: _____

Signature: _____
Post Americanism Chairman

Certified by: _____
Post Commander or Adjutant

Date: _____

HENRY C. OAKEY & JAMES F. BURNS AWARDS

REPORT FORM FOR JUNE 1 TO MAY 31

The Department Americanism Awards are distributed each year at the Department Convention. To compete for the Americanism Awards fill out the Award form and Certification form (on the following page) for each award that you are competing for and submit no later than **JUNE 1st** of each year.

Henry C. Oakey Award

Awarded annually to that Post in The American Legion, Department of Wisconsin whose membership is 199 or less, doing the best service work.

James F. Burns Award

Awarded annually to that Post in The American Legion, Department of Wisconsin whose membership is 200 or more, doing the best service work.

NOTE: Attach a separate sheet(s) explaining activities in detail, such as clippings of activities, certified copies of receipts for money expended, other evidence to substantiate the report, photographs or any other activities not mentioned.

Post No. _____ Post City _____ Membership _____

POST SERVICE OFFICER:

Name: _____ Address: _____

NOTE: If the County Service Officer is also the Post Service Officer, this report should be compiled on the basis of Post Activity alone.

1. No. of claims handled: _____ No. of claimants contacted: _____

2. No. of veterans hospitalized: _____ Other treatment secured: _____

3. Employment found: _____ Job training opportunities found: _____

4. Number of veterans sent to Camp American Legion: _____

5. **REHABILITATIVE EQUIPMENT:** Does your Post have the following:

Hospital beds _____ Wheelchairs _____ Canes-crutches _____ Walkers _____

Oxygen Units _____ Ambulance or other Conveyance _____ Other _____

6. Did our Post conduct a "SERVICE NIGHT"? _____ Camp American Legion Night? _____

7. Service Clinic? _____ Other Post Activities? _____

8. No. of Military funerals conducted: _____ U.S. Government Grave Markers Ordered: _____

Give a short report of Post Activities as to Grave Registration, placement of Legion markers, etc. _____

Does your Post maintain a Grave Registration Record? _____

9. Senior Citizens Activities: _____

10. Report on visitation to sick Veterans at home and in hospitals: _____

11. Report on Post activity on Welfare Projects, such as food baskets to needy, entertainment for hospitals or any similar projects, etc.: _____

Post Funds Expended: \$ _____

12. Did your Post contribute to HOSPITAL CHRISTMAS FUND? _____ Amount: \$ _____

13. Does your Post furnish canteen books to VA hospitalized members? _____ Amount: \$ _____

14. Explain what your Post is doing to aid veterans and dependents: _____

15. Report cooperation with County Service Officer: _____

16. What did your Post do to stimulate Poppy Sales? _____

17. What does your Post do to acquaint veterans with Federal and State benefits due them as war veterans? _____

HENRY C. OAKEY & JAMES F. BURNS AWARDS CERTIFICATION FORM

Dear Post Adjutant,

In order to be eligible for the Henry C. Oakey & James F. Burns Awards, the Report Form on the previous page must filled out in its entirety.

The Post Adjutant, with the assistance of the Post Commander, has the responsibility to see that the report is properly executed and returned to Department Headquarters not later than **JUNE 1**.

In preparing the report, answer 'NO' if your Post does not engage in the particular activity. For activities the Post participates in, answer clearly and briefly. If an explanation is necessary, attach a separate sheet(s) explaining activities in detail.

The certification form provided below must be completed in order for your Post to be eligible for the Henry C. Oakey or James F. Burns Awards.

CERTIFICATION FORM

For: Henry C. Oakey & James F. Burns Awards

This certifies that the programs described on the Henry C. Oakey or James F. Burns Awards Report Form have been conducted by:

Post No: _____ Post Address: _____

City: _____ Zip Code: _____

Signature: _____
Post Americanism Chairman

Certified by: _____
Post Commander or Adjutant

Date: _____

NATIONAL AMERICANISM AWARD

Each year a **Distinguished Service Citation** is awarded to an American Legion Post in each Department that conducts the most outstanding Americanism and Community service Activity. A **Meritorious Service Citation** is awarded to the runner-up in each Department. Every Post that conducts a satisfactory Americanism Program may receive an annual **Americanism Citation**.

The information on the Consolidated Post Report (CPR) form is used in the selections of National Awards however, the committee would like to have you file a report to verify the work or elaborate on the programs that you have indicated on the Consolidated Post Report. You need to file a written report to qualify for the National Awards.

This report should be returned to headquarters by **June 1**, the same date as the CPR form is due.

Please attach this certification to your written report.

CERTIFICATION

This certifies that the attached report verifies the work indicated on the Consolidated Post Report form.

The programs were conducted by members of Post No. _____

Address: _____ City: _____ Zip: _____

Date: _____ Post Americanism Chairman: _____

Certified By: _____

(Post Commander or Adjutant)

JOSEPH R. MEEKS GUNG-HO AWARD

The Chinese translation for “*Gung-Ho*” is “working together”. A recipient of this award, whether a member of The American Legion, Legion Auxiliary or a non-member, will have exhibited an effort in working with, and towards, any or all of the objectives and principles of the Department Americanism Committee:

- Community Service Activities
 - ◆ Community Betterment
 - ◆ Health and Hospital Activities
 - ◆ Living Memorials

- Education Activities

- Flag Education Activities

- Youth Activities
 - ◆ Boy or Girl State and/or Nation
 - ◆ Oratorical
 - ◆ Scouting
 - ◆ Baseball
 - ◆ Junior Shooting Sports

- Patriotic Holiday Programs

Each District is eligible to submit the name and credentials of one nominee to the Department Adjutant’s office by **June 1**. The Adjutant will ensure that those nominee’s names and credentials are submitted for review and election to the Department Americanism sub-Committee during the review of the Post Consolidated Reports. Department Headquarters will notify the selected award recipient, as well as his/her Post and District, of the time and location of the presentation.

The award will be in the form of a plaque and a framed citation.

**Please return to:
The American Legion, Department of Wisconsin
P.O. Box 388
Portage, WI 53901**

JOSEPH R. MEEKS GUNG-HO AWARD

This certifies that the below named person did work with, and towards, the objectives and principles of the Department Americanism Committee by: (describe activities using additional pages as required)

CERTIFICATION

Nominee's Name: _____

Address: _____ City: _____ Zip: _____

Sponsored By: Post No. _____, located at _____ District No. _____

Signature: _____

District Americanism Chairman

Certified By: _____

District Commander or Adjutant

COUNTY COMMANDER OF THE YEAR AWARD

Date: _____

From: The American Legion, Department of Wisconsin District _____

To: The American Legion, Department of Wisconsin Commander

Subject: Nomination for County Commander Of The Year Award

The following named County Commander has been selected by this District to be considered as the recipient for the Department's County Commander Of The Year Award:

Name: _____

Address: _____ City: _____ Zip: _____

County Commander of _____ County, District: _____

Achievements include: _____

Percentage of this year's membership: _____ %

Conducted, and reported on, County Youth Government Day Yes No

Conducted County Council meetings Yes No

Attended (unless excused) all required District Conferences/meetings Yes No

Has supervised and ensured that each Post under his/her control has completed and submitted to Department/National Headquarters the mandated Consolidated Post Report form and all other reports as required. Yes No

Other relevant activities and/or comments (Oratorical Contest, Shooting Sports, A&G Testing, Etc.). Use additional page(s) as required.

ATTESTED

Signature: _____

District Commander

District Adjutant

Please submit by June 1 to:

**The American Legion, Department of Wisconsin
P.O. Box 388
Portage, WI 53901**



*****The 2020 Eagle Scout of the Year application was not yet available at the time this manual went to print. Watch Post Mailings and www.wilegion.org for the updated application when it becomes available. *****

Eligibility Requirements: The nominee must be a registered, active member of a Boy Scout Troop, Varsity Scout Team, or Venturing Crew chartered to an American Legion Post, American Legion Auxiliary Unit or Sons of The American Legion Squadron.

OR

Be a registered, active member of a chartered Boy Scout Troop, Varsity Scout Team, or Venturing Crew and the son or grandson of a Legionnaire or Auxiliary member.

AND

- Received the Eagle Scout Award.
- Be an active member of his religious institution and must have received the appropriate Boy Scout religious emblem.
- Have demonstrated practical citizenship in church, school, scouting and community.
- Have reached his 15th birthday and be enrolled in high school at the time of selection. Eagle Scouts still in high school who reached their 18th birthday during the nomination year remain eligible if otherwise qualified.
- Reside in the Department (state) to which he applies.

Scholarships

Department: The Department chooses one Eagle Scout of the Year as the Department winner. This winner receives a \$1,000.00 scholarship and is forwarded on to the National competition for consideration.

National: The American Legion Eagle Scout of the Year winner will receive a \$10,000.00 scholarship. Three runner-up scholarship awards will be granted in the amount of \$2,500.00 each. The Eagle Scout of the Year will join the youth champion delegation, and participate in, the Annual National Convention.

The scholarship recipients will be eligible to receive their scholarship immediately upon graduation from high school (public, parochial, military, private or home school) and must utilize the total award within four years of their graduation date, excluding active military duty or religious mission.

The scholarship may be used to attend a school selected by the student provided it is state accredited, above the high school level and within the continental limits of the United States, except in the case where the student may be from a possession of the United States, in which case he can select a school in that possession or in the continental United States.

Disbursement from the scholarship fund will be made jointly to the student and the school at the beginning of each semester or quarter. Only one request will be honored per semester or quarter.



THE EMPLOYER OF VETERANS AWARD

Nomination Form

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Employer's Size: (check one)

_____ **Small (50 or fewer employees)**

_____ **Medium (51-200 employees)**

_____ **Large (201 or more employees)**

Posts submit nominations to their Departments for consideration. Departments select one nomination per employer size category and submit those nominations to National Headquarters. The Veterans Employment and Education Commission will provide a plaque for each nominee. During the Washington Conference, the Employment and Education Award Subcommittee reviews all eligible nominations in the three size categories and selects a winner in each category. The three winners are then invited to send their representatives to the National Convention to receive the Employer of Veterans Awards. In order to be eligible for the national awards, the nominee must meet the following criteria:

- 1) At least 10 percent of the employer's work force must be veterans.
- 2) The employer must have been in business for at least five years.
- 3) The employer cannot restrict employment to veterans only.
- 4) The nominee must be a private sector employer. In other words, the nominee cannot be a city, state or federal employer.

PLEASE PRINT OR TYPE INFORMATION

1. Exact name of company: _____

2. Business address: _____

3. Name and title of the company's contact person:

4. Contact person's telephone number: _____

5. Is the employer a branch or subsidiary? _____ If yes, what is the name and address of the parent company? _____

6. Date the company, or branch, was established: _____

7. Average number of employees over the past five years: _____

8. Is the company's business seasonal? _____ If yes, how many employees are full-time? _____
How many are part-time? _____

9. Total number of employees: _____ Number of veterans: _____ Percentage of veterans: _____

10. Total hires last year: _____ Number of veterans: _____ Percentage of veterans: _____

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Employer of Veterans Awards. The nominator should provide a copy of the company's written policy on employment of veterans if available, a description of how the employer supports veterans' activities in the community, and any other reasons why the nominee should be selected to be the Employer of Veterans Award winner.

Nominations by Posts and individuals must be sent to department headquarters as soon as possible so that the department will have time to review all nominations received and make the selection of its winners.

Name, title, address, and daytime telephone number of the person making the nomination:

Name: _____ **Title:** _____

Address: _____

Daytime telephone number: _____

**All nominations from departments must arrive at National Headquarters on or before January 15th.
Either the department adjutant or department employment chairman must approve this nomination.**

Approved Signature: _____ Date: _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____

THE EMPLOYER OF VETERANS AWARD

**NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION
1608 K. STREET NW
WASHINGTON, DC 20006**

**OR FAX 202-861-0404
OR EMAIL A SCANNED COPY
VE&E@LEGION.ORG**



**THE VETERANS EMPLOYMENT AND EDUCATION
COMMISSION
EMPLOYMENT SERVICE AWARD**

Nomination Form

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Award Category: Employment Service Local Office Award

Name and title of nominee: _____

Address: _____

Daytime telephone number: _____

Office manager's name: _____

Name and title of nominator: _____

Address: _____

Daytime telephone number: _____

Nominator's signature: _____

1. Total applicants available: _____

2. Applicants entered employment: _____

3. Percent of total applicants entered employment: _____

4. Total veteran applicants available: _____

5. Total veterans entered employment: _____

6. Percent of total veterans entered employment: _____

7. Total disabled veteran applicants available: _____

8. Disabled veterans entered employment: _____

9. Percent of disabled veterans entered employment: _____



**THE VETERANS EMPLOYMENT AND EDUCATION
COMMISSION
EMPLOYMENT SERVICE AWARDS**

Nomination Form

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Award Category (circle one): LVER DVOP

Name and title of nominee: _____

Address: _____

Daytime telephone number: _____

Office manager's name: _____

Name and title of nominator: _____

Address: _____

Daytime telephone number: _____

Nominator's signature: _____

Veteran Placement Activity (Annual Figures):

1. Veterans placed in full-time employment: _____
2. Veterans placed as a result of job development: _____
3. Disabled veterans entered employment: _____
4. Please document the following: Support of American Legion programs, including Employer Awards; Leadership activities; Community service; Special achievements; Use of technological innovations (E-mail, Internet, etc.):

You may add up to two pages of supporting data on any subject above.

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Employment Service Awards. The nominator should provide a copy of the company's written policy on employment of veterans if available, a description of how the employer supports veterans' activities in the community, and any other reasons why the nominee should be selected to be the National Employment Service Award winner.

Nominations by Posts and individuals must be sent to Department headquarters as soon as possible so that the Department will have time to review all nominations received and make the selection of its winners.

All nominations from departments must arrive at National Headquarters on or before January 15th. Either the department adjutant or department employment chairman must approve this nomination.

Approved Signature: _____ Date: _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____

**THE VETERANS EMPLOYMENT AND EDUCATION
COMMISSION
EMPLOYMENT SERVICE AWARDS**

NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION
1608 K. STREET NW
WASHINGTON, DC 20006

OR FAX 202-861-0404
OR EMAIL A SCANNED COPY
VE&E@LEGION.ORG



THE EMPLOYER OF OLDER WORKERS AWARD

Nomination Form

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Please print or type information

1. Exact name of company: _____
2. Business address: _____
3. Name and title of the company's contact person: _____
4. Contact person's telephone number: _____
5. Type of business: _____
6. **Total employees: _____ Employees over 55: _____ Employee 55 years old with 5 years or more: _____ Numbers of hires last year over 55: _____ Number of employees age 55 or greater who are veterans _____**
7. Attach additional pages of reasons why you feel this nominee should receive this year's Employer of Older Workers Award. Include a brief summary of the company's policies and records that qualify it, such as hiring, promotion, retention, and affirmative employment policies.
8. Name, title and daytime telephone number of the person making the nomination: _____

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Employer of Older Workers Awards. The nominator should provide a copy of the company's written policy on employment of veterans if available, a description of how the employer supports veterans' activities in the community, and any other reasons why the nominee should be selected to be the Employer of Older Workers Award winner.

Nominations by posts and individuals must be sent to department headquarters as soon as possible so that the department will have time to review all nominations received and make the selection of its winners.

All nominations from departments must arrive at National Headquarters on or before January 15th. Either the department adjutant or department employment chairman must approve this nomination.

Approved Signature: _____ Date: _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____

THE EMPLOYER OF OLDER WORKERS AWARD

NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION OR FAX 202-861-0404
1608 K. STREET NW OR EMAIL A SCANNED COPY
WASHINGTON, DC 20006 VE&E@LEGION.ORG



AWARD TO ENHANCE THE LIVES OF DISABLED PERSONS

Nomination Form

The National Organization on Disability awards certificates to organizations that significantly improve the ability of persons with disabilities to participate in the public life of the community. The purpose of that program is to confer national recognition on private sector organizations, like The American Legion, for their efforts to enhance the lives of disabled persons.

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Post's name, number, address and telephone number:

Post's membership: _____ How many members worked on this project? _____

Name and daytime telephone number of the Post's Commander:

Name, title, address and daytime telephone number of the person making the nomination:

Describe what your nominee has done that makes that American Legion post or employer worthy of one of this award. What special accommodations have you included for your workforce? What specific project has that post or employer instituted that enhances the lives of disabled persons by helping them to participate in community activities? Was this solely a post project or were other community organizations involved? What tangible assets were involved in your nominee's project (e.g., volunteer hours, funds, etc.)? What measurable impact, if any, has your nominee's project had on the community as a whole? What measurable impact on disabled veterans, if any? Please limit your written narrative to two pages.

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Award to Enhance the Lives of Disabled Persons. The nominator should provide a copy of the company's written policy on employment of veterans if available, a description of how the employer supports veterans' activities in the community, and any other reasons why the nominee should be selected to be the National Award to Enhance the Lives of Disabled Persons winner.

Nominations by Posts and individuals must be sent to department headquarters as soon as possible so that the department will have time to review all nominations received and make the selection of its winners.

All nominations from departments must arrive at National Headquarters on or before January 15th. Either the department adjutant or department employment chairman must approve this nomination.

Approved Signature: _____ Date: _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____



NOMINATION TO ENHANCE THE LIVES OF THE DISABLED AWARD CONTINUED

Legion Post's name and number: _____

PLEASE PRINT OR TYPE INFORMATION

1. Exact name of company or firm: _____
2. Business address: _____

3. Name and title of company's contact person: _____
4. Telephone number: _____
5. Type of business: _____
6. Total employees: _____ Disabled employees _____

THE NOMINEE SHOULD BE A COMPANY OR FIRM, NOT AN INDIVIDUAL

7. Give reasons why you feel this nominee should receive this year's award to enhance the lives of the Disabled. Include a brief summary of the company's policies and records, which qualify it, such as hiring, promotion, retention, and affirmative employment policies. Attach additional pages if necessary.

8. Please print clearly the exact name and address of nominated firm

FIRM NAME: _____

CITY & STATE: _____

Nomination submitted by: _____ Date: _____

Title: _____ Telephone No.: _____

NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION OR FAX 202-861-0404
1608 K. STREET NW
WASHINGTON, DC 20006
VE&E@LEGION.ORG



MICHAEL GUTY HOMELESS VETERANS OUTREACH AWARD

Information Sheet

In January of 2003, the Veterans Employment and Education Commission requested that each department appoint a Homeless Veterans Task Force chairman, who should coordinate the department's activities and report on them to the department adjutant and to the Veterans Employment and Education division at least once a year.

The Homeless Veterans Outreach Award, instituted in 2005, recognizes departments for their activities toward eliminating homelessness among veterans and prevention of future homeless veterans.

Deadline: The deadline for submission of nominations for this outreach award is no later than **January 15th**. Nominations received after that date will not be eligible for consideration for the national award

Criteria: This award will be given to The American Legion department that demonstrates American Legion family involvement in homeless veteran initiatives that show outstanding support for activity in any or all of these areas: **volunteerism, prevention, supportive housing, advocacy and fundraising.**

Have you appointed a Homeless Veterans Task Force chairman? Does he/she have a committee? How often do they meet? Are your members working with the Sons of The American Legion? The American Legion Auxiliary? Are they working with agencies within the Departments of Defense, Labor, and Veterans Affairs? Are they working with local and county agencies, shelters, and faith-based and community-based organizations?

Tell us how many of your members are involved in your programs. Do programs operate year round or once a year? How are your activities organized?

Please tell us in narrative form what you are doing toward the goal of ending homelessness among veterans.

The Homeless Veterans Task Force executive committee will review the reports during Washington Conference, and the winner chosen by the Veterans Employment and Education Commission Awards Subcommittee.

Procedure: Nominations that arrive without supporting information **will not** be eligible for the national awards.

Nomination Form: A copy of the official nomination form will follow. Additional copies may also be obtained by writing or calling the Veterans Employment and Education Commission, The American Legion, 1608 K Street NW, Washington, DC 20006; phone 202-861-2700, or online at VE&E@legion.org

Award: The commission provides free plaques to each department that submits nominations. It is recommended, however, that posts and departments recognize their other nominees with plaques or awards that can be purchased for a nominal cost through Emblem Sales. The National Winner will receive a large plaque to be presented by the National Commander at the annual National Convention and will receive a stipend to help defray the cost of their representative's travel to the convention city to accept the award.

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) Provide a written description of legislators' efforts and contributions to Wisconsin Veterans that makes them worthy of the award.
- (b) Please provide any additional information that you would like the committee to consider.
- (c) Due at Department Headquarters not later than May 1st.

DO NOT SUBMIT ANY SCRAPBOOKS as judging will be on the above criteria

Check here if you have any additional information you would like to have the Legislative Committee review when making its decision.

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

MARTHA MARLOWE POST CHAPLAIN AWARD

The purpose of the Martha Marlowe Post Chaplain Award is to bring RECOGNITION to our Post Chaplains.

First Place Award.....Plaque

Second Place Award Framed Citation

Third Place AwardCitation

DEADLINE DATE – JUNE 1ST

**Return the completed form to:
The American Legion, Department of Wisconsin
Attn: Martha Marlowe Award
P.O. Box 388
Portage, WI 53901**

All applicants must fill out the following questionnaire.

Chaplain's Name: _____

Address: _____

City: _____ Zip: _____

Post No: _____ District: _____ County: _____

Post Address: _____ City: _____ Zip: _____

1. List community projects participated in since the last Department Convention:

2. List Post functions participated in since the last Department Convention:

2019-2020 POST EXCELLENCE AWARD

POST NO: _____

Post Commander _____

Post Commander's Address _____

A. *Membership LAST YEAR: _____ THIS YEAR: _____

B. Youth Activities

Boy Scouts _____ Baseball _____ Oratorical _____

Boys State _____ Shooting Sports _____

Other (Specify) _____

C. Community Service

Children and youth activity _____ Assisting local families _____

Youth and Government day _____

*Community activities (parades, school activities, festivals, fairs, etc.) _____

D. Service to Troops or Veterans

Family Support programs _____ Transport vets to VA _____

Special project supporting a vet (specify) _____

Service or volunteerism at VA _____

Service of volunteerism to vets at local medical facilities _____

Other service to veterans (specify) _____

E. List any additional activities

F. *2018 Consolidate Post Report Submitted _____ Yes _____ No

G. *Registered on the National Centennial Site _____ Yes _____ No

Post Commander or Adjutant Signature _____

District Commander Signature _____

Attach supporting documents and return to your District Commander for cover letter and signature by May 1st of each year.

***Minimum Required items for award submission**

POST HONOR GUARD RECOGNITION

AWARDS FOR SQUADS

Number and type of appearances:

- | | | | |
|---|-----------------|------------|------------|
| 1. Visual Appearance | Excellent _____ | Good _____ | Fair _____ |
| 2. Uniform of dress | Excellent _____ | Good _____ | Fair _____ |
| 3. Flag etiquette | Excellent _____ | Good _____ | Fair _____ |
| 4. Ability to follow commands | Excellent _____ | Good _____ | Fair _____ |
| 5. Precision | Excellent _____ | Good _____ | Fair _____ |
| 6. Marching | Excellent _____ | Good _____ | Fair _____ |
| 7. Firing | Excellent _____ | Good _____ | Fair _____ |
| 8. Manual of arms | Excellent _____ | Good _____ | Fair _____ |
| 9. Burial honors by State of
Federal request | _____ | | |

POST AND DISTRICT

Post: _____

District: _____

NOTE: Please type or print individual member's names on the following page for certificates that will be distributed to the District Commanders at the Department Convention.

DEADLINE: Please mail both pages no later than June 1st to:

**Wisconsin American Legion
Attn: Honor Guard Award
P.O. Box 388
Portage, WI 53901**

PUBLIC RELATIONS APPRECIATION AWARD

OFFICIAL GUIDELINES

I. ESTABLISHMENT

In accepting the report of the Department Policy Committee which contained a recommendation pertaining to a request from the Department Public Relations Committee (Now the Communications Committee), the Department Executive Committee did, on July 18, 1964, at Wausau, Wisconsin, and as amended by the Public Relations and Executive Committee on October 2, 1971, on May 5, 1990, January 20, 1995 and January 24, 1997, approve the following prescribed awards:

The Department Communications Committee (formerly the Public Relations Committee) may annually recommend five (5) recipients for an American Legion "PUBLIC RELATIONS APPRECIATION AWARD" that the committee feels merit special recognition in the news media and "Certificates of Appreciation" to other deserving media.

II. MEDIA

The awards shall be confined to one (1) award each annually for the following:

OUTDOOR ADVERTISING	RADIO	TELEVISION
CABLE TELEVISION	PRESS	

III. RECIPIENTS

The Press, Radio, Television, Cable Television and Outdoor Advertising merit special recognition for informing the general public on the ideals and deeds of The American Legion, therefore, an American Legion "PUBLIC RELATIONS APPRECIATION AWARD" will be presented for publicizing Wisconsin American Legion programs and activities on any one or all levels of the Department (Post, County, District, Department). "Certificates of Appreciation" shall be awarded to additional media that have participated in support of The American Legion programs throughout the year.

IV. TYPE

The awards shall be appropriately lettered plaques, with the design and lettering selected by the Department Communications Committee, and the Certificate of Appreciation to be printed at nominal cost, the same to be absorbed by the Department Communications Committee budget.

V. NOMINATIONS

Award nominations are to be sent to Department Headquarters, and can be made by any Public Relations Officer, Post Commander, County Commander or District Commander within the Department of Wisconsin.

- The individual offering a nomination for the award shall be responsible for obtaining all necessary documentation and supporting evidence.
- This documentation should indicate exactly what the nominee did or provided for the good of The American Legion. This documentation should include the dates, events or descriptions of American Legion activities that the nominees provided coverage of.

- Coverage or services provided to The American Legion for a period of a full year, for example, will receive more consideration from the judges than coverage for one event.

VI. DEADLINE – MAY 1st

All nominations, fully clarified, shall be available for perusal by the Department Communications Committee no later than **MAY 1st** for judging. The program will be based on the prior year. Judging will be done by the Department Communications Committee at the Department Spring Meetings.

VII. CONSIDERATION

All nominations received prior to the deadline date, and in proper order, shall be considered by members of the Department Communications Committee who, after reviewing same, shall cast five (5) votes by secret ballot for the selection. Only one vote cast in a specific ballot by a member of the committee present for a nominee.

VIII. PRESENTATION

Awards shall be presented at The American Legion, Department of Wisconsin Annual Department Convention to the recipients thereof, or a representative of the media selected for an award shall be invited to be present at that time. Travel, lodging and other costs will be incurred at the recipient's expense.

APPLICATION FOR THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN
Emergency Medical Technician (EMT) Award

Candidate: _____

Address: _____

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

How long has the candidate been engaged in EMT work? _____

Candidates present position: _____

PLEASE NOTE:

1. The candidate must be currently employed as an EMT, not retired.
2. The candidate must be a U.S. citizen.
3. DO NOT submit any scrapbooks, as judging will be based on the criteria required below.
4. If Requirements stated below are not followed as outlined, and proper signatures are not obtained, **applicant will be disqualified.**

REQUIREMENTS:

To assist you in the completion of your candidate's application/narrative please include the requirements listed below. The application/narrative cannot exceed eighteen (18) single-sided bond pages, on 8 ½" X 11" paper. This application form is the cover page of the application and shall not count as part of the Maximum 18 pages.

The first 6 or 7 pages should contain the candidate's service narrative/biography. The official 5"X7" Color photograph of the nominee is a must. The remaining pages may include supporting citations as well as other documentation, including press articles. Only one copy of the application/narrative should be submitted.

- Recommendation form the candidate's superior.
- Resume of the candidates EMT experience, including honors that have been bestowed upon the candidate for outstanding EMT Performance. Citations for heroism or meritorious performance of duty should be explained for the past year.
- Biography of the candidate that includes education, family, church affiliation (if applicable), as well as any fraternal or social organization(s) with which the candidate is associated.
- Describe, in your opinion, what characteristics make this candidate an outstanding EMT. **Include accomplishments outside of the candidate's EMT accomplishments. Community involvement must be noted to be considered for the award.**
- Include a copy of your candidate's state or federal certification as an EMT.
- Please list any additional information you deem pertinent which may assist the committee in arriving at a final decision regarding your candidate's application.
- The applicant's narrative/biography must include a **5"X7" (only) color photograph in full duty uniform.**
- Certified Post winners are due to the District by April 1st; certified District winners are due to the Department by May 1st.

Boxes above MUST be checked to ensure applicant/narrative is complete by chain of command (Post, County and District)

APPLICATION FOR THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN
Emergency Medical Technician (EMT) Award

CERTIFICATION OF POST

This recommendation is submitted by _____ Post No. _____

The American Legion, Department of Wisconsin, located in the _____ District.

Post Adjutant

Post Commander

Date

Post Public Safety Chairman

DISTRICT WINNER

The American Legion, Department of Wisconsin, District _____ winner is the individual listed on the previous page.

District Adjutant

District Commander

Date

District Public Safety Chairman

In the event this candidate is declared the winner, will the candidate be available to appear at the Department Convention? Yes No

APPLICATION FOR THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN
Outstanding Firefighter Award Program

Candidate: _____

Address: _____

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

How long has the candidate been engaged in Firefighting? _____

Candidates present position (Firefighter, Chief, Deputy, Chief, etc.): _____

PLEASE NOTE:

1. The candidate must be an active, full-time paid or volunteer CERTIFIED FIREFIGHTER who is a member of a municipal (city) or county fire department.
2. The candidate must be a U.S. citizen.
3. DO NOT submit any scrapbooks, as judging will be based on the criteria required below.
4. If Requirements stated below are not followed as outlined, and proper signatures are not obtained, **applicant will be disqualified.**

REQUIREMENTS:

To assist you in the completion of your candidate's application/narrative please include the requirements listed below. The application/narrative cannot exceed eighteen (18) single-sided bond pages, on 8 ½" X 11" paper. This application form is the cover page of the application and shall not count as part of the Maximum 18 pages.

The first 6 or 7 pages should contain the candidate's service narrative/biography. The official 5"X7" Color photograph of the nominee is a must. The remaining pages may include supporting citations as well as other documentation, including press articles. Only one copy of the application/narrative should be submitted.

- Recommendation form the candidate's superior.
- Resume of the candidates firefighter experience, including honors that have been bestowed upon the candidate for outstanding firefighting performance. Citations for heroism or meritorious performance of duty should be explained for the past year.
- Biography of the candidate that includes education, family, church affiliation (if applicable), as well as any fraternal or social organization(s) with which the candidate is associated.
- Describe, in your opinion, what characteristics make this candidate an outstanding firefighter. **Include accomplishments outside of the candidate's firefighting accomplishments. Community involvement must be noted to be considered for the award.**
- Include a copy of your candidate's state or federal certification as a firefighter.
- Please list any additional information you deem pertinent which may assist the committee in arriving at a final decision regarding your candidate's application.
- The applicant's narrative/biography must include a **5"X7" color photograph in full duty uniform.**
- Certified Post winners are due to the District by April 1st; certified District winners are due to the Department by May 1st.

Boxes above MUST be checked to ensure applicant/narrative is complete by chain of command (Post, County and District)

CERTIFICATION OF POST

This recommendation is submitted by _____ Post No. _____

The American Legion, Department of Wisconsin, located in the _____ District.

Post Adjutant

Post Commander

Date

Post Public Safety Chairman

DISTRICT WINNER

The American Legion, Department of Wisconsin, District _____ winner is the individual listed on the previous page.

District Adjutant

District Commander

Date

District Public Safety Chairman

In the event this candidate is declared the winner, will the candidate be available to appear at the Department Convention? Yes No

APPLICATION FOR THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN

Edward J. Ormsby Law and Order Award

Edward J. Ormsby, a Milwaukee Police Officer and Korean Era Veteran, was elected The American Legion, Department of Wisconsin Commander in 1970. During his term as Commander the Law & Order Award was initiated. He died in November 1973 at 43 years old. In 1974 at the 56th Annual Department Convention in Milwaukee, a resolution was passed to rename the award "The Edward J. Ormsby Law and Order Awards Program".

Candidate: _____

Address: _____

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

Candidate's current position and rank: _____

PLEASE NOTE:

1. The candidate must be currently employed as an active duty law enforcement officer and not retired.
2. The candidate must be a U.S. citizen.
3. DO NOT submit any scrapbooks, as judging will be based on the criteria required below.
4. If Requirements stated below are not followed as outlined, and proper signatures are not obtained, **applicant will be disqualified.**

REQUIREMENTS:

To assist you in the completion of your candidate's application/narrative please include the requirements listed below. The application/narrative cannot exceed eighteen (18) single-sided bond pages, on 8 ½" X 11" paper. This application form is the cover page of the application and shall not count as part of the Maximum 18 pages.

The first 6 or 7 pages should contain the candidate's service narrative/biography. The remaining pages may include supporting citations as well as other documentation, including press articles. Only ONE copy of the application/narrative should be submitted.

- Recommendation form the candidate's superior.
- Resume of the candidates law enforcement experience, including honors that have been bestowed upon the candidate for outstanding law enforcement performance. Citations for heroism or meritorious performance of duty should be explained for the past year.
- Biography of the candidate that includes education, family, church affiliation (if applicable), as well as any fraternal or social organization(s) with which the candidate is associated.
- Describe, in your opinion, what characteristics make this candidate an outstanding law enforcement officer. **Include accomplishments outside of the candidate's law enforcement accomplishments. Community involvement must be noted to be considered for the award.**
- Include a copy of your candidate's state or federal certification as a law enforcement officer.
- Please list any additional information you deem pertinent which may assist the committee in arriving at a final decision regarding your candidate's application.
- The applicant's narrative/biography must include a **5"X7" color photograph in full duty uniform.**

- Certified Post winners are due to the District by April 1st; certified District winners are due to the Department by May 1st.

Boxes above MUST be checked to ensure applicant/narrative is complete by chain of command (Post, County and District)

CERTIFICATION OF POST

This recommendation is submitted by _____ Post No. _____

The American Legion, Department of Wisconsin, located in the _____ District.

Post Adjutant

Post Commander

Date

Post Public Safety Chairman

DISTRICT WINNER

The American Legion, Department of Wisconsin, District _____ winner is the individual listed on the previous page.

District Adjutant

District Commander

Date

District Public Safety Chairman

In the event this candidate is declared the winner, will the candidate be available to appear at the Department Convention? Yes No

APPLICATION FOR THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN
Outstanding Enlisted National Guard/Reservist Award Program

Candidate: _____

Address: _____

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

Number of years in National Guard/Reserve: _____

Present position in National Guard/Reserve: _____

PLEASE NOTE:

1. The candidate must be active part-time in the Enlisted National Guard/Reserve and not retired.
2. The candidate must be a U.S. citizen.
3. DO NOT submit any scrapbooks, as judging will be based on the criteria required below.
4. If Requirements stated below are not followed as outlined, and proper signatures are not obtained, **applicant will be disqualified.**

REQUIREMENTS:

To assist you in the completion of your candidate's application/narrative please include the requirements listed below. The application/narrative cannot exceed eighteen (18) single-sided bond pages, on 8 ½" X 11" paper.

The first 6 or 7 pages should contain the candidate's service narrative/biography. The remaining pages may include supporting citations as well as other documentation, including press articles. Only one copy of the application/narrative should be submitted.

1. Recommendation form the candidate's superior.
2. Resume of the candidates Enlisted National Guard/Reserve experience including honors that have been bestowed upon the candidate for outstanding National Guard/Reserve performance.
3. Biography of the candidate that includes education, family, church affiliation (if applicable), as well as any fraternal or social organization(s) with which the candidate is associated.
4. Describe, in your opinion, what characteristics make this candidate an outstanding Enlisted National Guard/Reservist. **Include accomplishments outside of the candidate's National Guard/Reservist accomplishments. Community involvement must be noted to be considered for the award.**
5. Include a copy of your candidate's pertinent military training and education certificates as appropriate.
6. Please list any additional information you deem pertinent which may assist the committee in arriving at a final decision regarding your candidate's application.
7. The applicant's narrative/biography must include a **5"X7" (only) color photograph in full duty uniform.**
8. Certified Post winners are due to the District by April 1st; certified District winners are due to the Department by May 1st.

CERTIFICATION OF POST

This recommendation is submitted by _____ Post No. _____

The American Legion, Department of Wisconsin, located in the _____ District.

Post Adjutant

Post Commander

Date

Post Public Safety Chairman

DISTRICT WINNER

The American Legion, Department of Wisconsin, District _____ winner is the individual listed on the previous page.

District Adjutant

District Commander

Date

District Public Safety Chairman

In the event this candidate is declared the winner, will the candidate be available to appear at the Department Convention? Yes No

