

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