

# THE AMERICAN LEGION TEACHER OF THE YEAR NOMINATION INSTRUCTIONS

The Teacher who best meets the qualifications of the Nomination Form will be selected, by a committee of the Americanism Commission, as the FLORIDA AMERICAN LEGION TEACHER OF THE YEAR.

The Florida American Legion TEACHER of the Year will be invited to participate in the Annual Department Convention held in June/ July.

## APPLICATION INSTRUCTIONS:

The applicant and sponsoring American Legion Post should **type or print clearly** all information. Each section should be completed with as much information as possible. IF more space is needed the applicant and sponsoring Post may add additional pages.

Section A—A brief outline of the educational career of the nominee.

Section B—A list all educational honors, awards, and recognitions received by the nominee.

Section C—To be completed by the nominating American Legion Post.

Section D—A list of the nominees leadership skills and/or acts of patriotism.

## ATTACHMENTS—TWO REQUIRED LETTERS OF RECOMMENDATION:

American Legion Post

School Principal

**NOTE:** Additional letters of recommendation may be attached.

**DEADLINE:** April 15 of the current year

**MAIL TO:** Florida American Legion  
ATTN: Programs Director  
P O Box 547859  
Orlando, FL 32854-7859

***Every Post may make a nomination of an exceptional TEACHER.***



# THE AMERICAN LEGION TEACHER OF THE YEAR NOMINATION FORM

## **Eligibility Requirements**

THE NOMINEE MUST:

1. Be a TEACHER in grades k-12 in any public, private, or parochial school or academy certified in the State of Florida recognized by the Florida Department of Education. Teachers selected will have taught an academic course in the classroom.
2. Be nominated by a local American Legion Post.
3. Be endorsed by the School Board Superintendent of their county, their principal through letters of recommendation to be attached to this nomination form.

## **Award**

The Florida American Legion Teacher of the Year award will be presented a check for \$500.00 at the Florida American Legion Department Convention.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of School \_\_\_\_\_

School Phone # \_\_\_\_\_ Email \_\_\_\_\_

Principal's Name \_\_\_\_\_

# AUTHORIZATION

## **Certification by TEACHER**

I certify to the accuracy of the foregoing facts. If selected I will be free to travel to the Florida American Legion Department Convention and participate as the "TEACHER of the Year", representing the Florida American Legion and my school.

DATE \_\_\_\_\_

SIGNATURE OF TEACHER \_\_\_\_\_

## **ENDORSEMENTS**

School Principal

The above named applicant is qualified in every respect to represent the Florida American Legion and our school and has my recommendation.

DATE \_\_\_\_\_

Principal \_\_\_\_\_

American Legion Post

The above named applicant is approved by Post Number \_\_\_\_\_ as qualified for nomination of the Florida American Legion "TEACHER of the Year".

DATE \_\_\_\_\_

POST CHAIRMAN \_\_\_\_\_

**Section A**

EDUCATIONAL CAREER (Please give brief outline)

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**Section B**

EDUCATIONAL HONORS, AWARDS, RECOGNITIONS

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