

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 nominee's 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 17, 2024

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)

Section B

EDUCATIONAL HONORS, AWARDS, RECOGNITIONS

Section C

This section to be completed by the nominating American Legion Post.
WHAT MAKES THIS TEACHER AN EXCEPTIONAL INSTRUCTOR?

Section D

For American Legion Post

PLEASE LIST ANY OTHER EDUCATION ACHIEVEMENTS OF THE NOMINEE WHICH SHOULD WARRANT CONSIDERATION BY THE SELECTION COMMITTEE. (What acts of leadership and/or patriotism he/she has performed?)

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American Legion Post School Principal

NOTE: Additional letters of recommendation may be attached.