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 Leg	gion Post		School Principal
NOTE: Additiona	al letters of recommen	datio	on may be attached.
DEADLINE:	April 15, 2026)	
MAIL TO:	Florida American Leg ATTN: Programs Dire		

Orlando, FL 32854-7859

P O Box 547859

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.

<u>Award</u>

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

Name		
City, Zip		
	Email	
Name of School		
School Phone #	School Email	
Principal's Name		

AUTHORIZATION

Certification by TEACHER

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

DATE
SIGNATURE OF TEACHER
<u>ENDORSEMENTS</u>
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 COMMANDER

Section A	4				
EDUCATION	AL CAREER (Please give	brief outline	e)	
Section I EDUCATION	AL HONORS,	AWARDS, F	RECOGNITIO	ONS	

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 PLEAST 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?) REQUIRED ATTACHMENTS—TWO LETTERS OF RECOMMENDATION: ☐ American Legion Post ☐ School Principal

NOTE: Additional letters of recommendation and supporting documents may be attached.