The American Legion Department of Illinois
Legionnaire of the Year
(Nomination Guidelines)

1. The nominee must be a member of a Post in Illinois.

2. Honorees will be recognized for significant public service contributions made at the local, state or national level and by excellence achieved through action above and beyond the call of duty. Nominees should also have made significant contributions in volunteer work in support of veterans and/or the military.

3. In addition to information requested on the nomination form, please provide the Veteran’s membership ID number as well as a brief written summary of the nominee’s achievements; to include: (a) a description of significant accomplishments, including dates, (b) information concerning military service, and, (c) a list of military awards and decorations received by the nominee.

4. Nominations will be evaluated on the scope and impact of a nominee’s achievements and the extent to which his/her efforts benefit and provide inspiration to the American Legion and other Veterans. Please document significant achievements and accomplishments, especially those made after the nominee’s military service.

5. Nominations will be reviewed and the recipients will be ultimately chosen by the Department of Illinois.

6. Nominations should be sent to:

   The American Legion Department of Illinois
   Attn: Legionnaire of the Year
   2720 E. Lincoln St.
   Bloomington, IL  61704
   Fax – (309) 663-0361

   **Deadline is June 15th**
The American Legion Department of Illinois
Legionnaire of the Year

Please read the Nomination Guidelines prior to completing this form. Please attach a written summary of the nominee’s achievements following the guidelines.

Nominee__________________________________________________________

Date & Place of Birth___________________Member ID#___________________

Home Address______________________________________________________

Telephone_____________________Email______________________________

Nominator’s Name________________________________________________

Address___________________________________________________________

Telephone_____________________Email______________________________

I have read the nomination guidelines and attest that the above information is accurate and true. If selected as a “Legionnaire of the Year” I agree to attend State Convention with nominee to receive the award.

Signature of Nominator __________________________Date_______________

SEND COMPLETED FORM TO:

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