

**The American Legion  
Department of Louisiana**

**2025-2026 Application Form  
Law Enforcement Officer of the Year**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Length of Service as a Lawman: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Chief: \_\_\_\_\_ Title: \_\_\_\_\_

Nominee's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

**How has this individual distinguished themselves from other individuals in the department?**

**How has this individual shown leadership abilities to motivate others to benefit the department?**

**How has the individual made a significant positive impact in the community?**

**List any additional factors in support of the individual.**

I do hereby certify this candidate to be the nominee for Lawman of the Year for Post \_\_\_\_\_, District \_\_\_\_\_, Department of Louisiana, American Legion.

X \_\_\_\_\_  
Signature of Post Commander

I do hereby certify this candidate to be the nominee for Lawman of the Year for District \_\_\_\_\_, Department of Louisiana, American Legion.

X \_\_\_\_\_  
Signature of District Commander

**December 1, 2025 due from District to Department Chairperson for consideration.**