

The American Legion "Educator of the Year" Nomination Instructions



The Educator who best meets the qualifications outlined in the Nomination Application will be selected as The American Legion "Educator of the Year 2024-2025" by the Department Children and Youth Committee. The winner will be presented with a suitable plaque.

Instructions for completing the Application

Eligibility

Must be an Educator in any grade (Pre-K through 12) in any public, private, parochial, or charter school or academy recognized by the Board of Elementary and Secondary Education (BESE) in the State of Louisiana.

Nomination Form

The applicant should print in black ink or type all the information in this packet. Each section should be completed with as much information as possible. If more space is needed for a section the applicant may use additional pages.

Personal Information – Fill this out completely and include a black and white photo of the applicant.

Section A – Briefly outline the professional career of the nominee.

Section B – List all Educational Honors, Awards, and Letters of Recognition.

Section C – List all participation in Community Service Activities.

 $Section \ D-Describe \ your \ Family \ Values.$

Endorsement – This completed nomination form must be reviewed and signed by the applicant's principal and/or superintendent.

Certification – Each local winner must be certified by the local Post Commander. Each District winner must be certified by the District Commander. The Department of Louisiana must be certified by the Department Children and Youth Chairman.

Important – <u>DO NOT send completed packets to the Department of Louisiana.</u>
Districts: send completed packages to: Linda Resendez, 4398 Parkridge Drive,
Benton, LA 71006-9706; 318-458-0573 (Cell); <u>resendezdl@aol.com</u>

Turn in packets
Post – TBD by Post
District – TBD by District
Department – May 3, 2025

File: OfficeWide/2024-2025 Reports and Forms/Educator of the Year/revised 11-08-24



Department of Louisiana Educator of the Year Nomination Form



Applicant Name:	
Address:	Place
Phone Numbers:	Photograph
Cell	Here
School Name:	(Black & White ONLY)
Address:	
Phone Number:	
Principal:	Endorsements
School District:	Principal Signature
Address:	Date
Phone Number:	
Superintendent:	Superintendent Signature Date



Section A Professional Career



Section B Honors, Awards, and Letters of Recognition



Section C Community Service Activities



Section D
Family Values

Department of Louisiana Educator of the Year Certification Form

Post Level	· · · · · · · · · · · · · · · · · · ·	
Post:	District:	Dept:
Name of Post W	inner:	
Signature of Post Adjutant		Signature of Post Commander
District Level		
Post:	District:	Dept:
Name of District	Winner:	
Signature of District Adjutant		Signature of District Commander
Department Leve	el	
Post:	District:	Dept:
Name of Applica	nt:	, , , , , , , , , , , , , , , , , , ,
Signature of Department Adjutant		Signature of Department Children & Youth Chairman