



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 Nominee _____ Date _____

SEND COMPLETED FORM 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

Adopted

THIS FORM MUST BE TYPED

RECEIVED

MAY 08 2014

OFFICIAL FORM

RESOLUTION

THE AMERICAN LEGION, DEPARTMENT HEADQUARTERS
ANNUAL DEPARTMENT CONVENTION
P.O. BOX 2910, BLOOMINGTON, ILLINOIS 61702-2910

Resolution No. 22 Date 2014
Subject STATE LEGIONNAIRE OF THE YEAR AWARD
Referred to Committee on _____

PLEASE DO NOT FILL IN ABOVE THIS LINE

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, The Department of Illinois is currently composed of 24 districts and over 800+ posts; and

WHEREAS, There are currently over 90,000 active members who support year round the four pillars of the American Legion and it's various programs; and

WHEREAS, to recognize outstanding achievement by its members and other concerned citizens, the Department of Illinois sponsors various awards which are presented at the yearly state convention; and

WHEREAS, some examples of these awards include the Chaplains Cross, Employer of Veterans Award, Firefighter and Law Enforcement Officers of the year Award (to name a few); and

WHEREAS, there is no current State Legionnaire of the Year award; now, therefore, be it

RESOLVED, By The American Legion in Department Convention assembled in Springfield, Illinois, July 9-12, 2014, That The American Legion Dept. of Illinois shall create a State Legionnaire of the Year award and as part of the protocol of this award, each District be allowed to nominate at least one but not more than two Legionnaires from their district for this award; and be it further

RESOLVED, That the Department of Illinois will develop the criteria for this award, decide on the appropriate award or recognition to be given at the state convention; and be it finally

RESOLVED, That the judging of this award be done by at least three current members appointed by the State Commander.

This is to certify that the above resolution was adopted by our Post but with indicated Department action substituted for the local resolving clause.

Submitted by (Post Name) 9th District
Post No. _____
Location of Post (City) _____
(Commander) [Signature]
(Adjutant) [Signature]

(Below is to be filled in when resolution is submitted from another authorized source.)

(Commission or Committee Chairman)

| FOR CONVENTION COMMITTEE USE | |
|---|----------------|
| Approved _____ | Rejected _____ |
| Approved with Amendments _____ | |
| Consolidated with _____ | |
| Referred to Standing Commission or Committee on _____ | |
| Received and Recorded _____ | |
| Other Action _____ | |
| signature _____ | |
| (Convention Committee Chairman or Secretary) | |

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM.