



The American Legion, Department of Wyoming

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WYLegion.org

"For God and Country"

EDUCATOR OF THE YEAR

(Please type of print)

District No. _____

Post No. _____

Name: _____ Phone #'s: _____ (Home) _____ (Work)

Mailing Address _____ City/State/Zip _____

Applicant need not be a Legionnaire. Legionnaire? No Yes If yes, Post # _____

Age _____ Place of Employment _____ Number of Years _____

Subject(s) being taught: _____

Marital Status single married

Spouse's name: _____

Children's name and ages: _____

Schools attended (Civilian/Military: List with Degree, Academic, Honors, etc.)

Briefly describe community involvement (Civic, Fraternal, Religious Organizations and Affiliations):

Briefly describe what is done to promote Americanism by the Applicant _____

Summarize the reason why you believe that your nominee should be selected:

(Use reverse or additional sheets if more space is needed)

Signature of Post Official _____

Title _____

Date _____

INSTRUCTIONS: Please submit this form to your District Convention. The nominees judged first in each District will be submitted to the Department for final judging.