

NOMINATION FORM
DISTINGUISHED SERVICE PLAQUE & MEDAL
THE AMERICAN LEGION
DEPARTMENT OF PENNSYLVANIA

THE AMERICAN LEGION, DEPARTMENT OF PENNSYLVANIA, WILL CONFER DISTINGUISHED SERVICE PLAQUES AND MEDALS EACH YEAR TO OUTSTANDING CITIZENS OF THE COMMONWEALTH, EITHER LEGIONNAIRE OR NON-LEGIONNAIRE, IN RECOGNITION OF THEIR OUTSTANDING SERVICES TO THE COMMUNITY, STATE AND NATION AND THEIR CONTRIBUTION TO THE BETTERMENT OF THEIR COUNTRY AND WELFARE OF MANKIND.

NOMINATIONS MAY BE SUBMITTED BY A POST, DISTRICT, OR COUNTY UNIT OF THE AMERICAN LEGION, DEPARTMENT OF PENNSYLVANIA, OR BY ANY MEMBER IN GOOD STANDING OF AN AMERICAN LEGION POST.

ALL APPLICATIONS MUST BE RETURNED TO DEPARTMENT HEADQUARTERS
ON OR BEFORE MAY 22, 2025.

NOMINEE: 	ADDRESS: CITY, STATE, ZIP: TELEPHONE NO. ()
OCCUPATION: BUSINESS OR EMPLOYER:	_____ AMERICAN LEGION MEMBER POST _____ DISTRICT _____ CONTINUOUS YEARS _____ I.D. NUMBER _____ _____ NON-LEGIONNAIRE

ACCOMPLISHMENTS FOR WHICH NOMINEE IS BEING RECOGNIZED:

NOMINATED BY: _____

POST NO. _____ **DISTRICT NO.** _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NO. DAYTIME: _____ **EVENING** _____

RESUME OF NOMINEE:

EDUCATION: HIGH SCHOOL _____
COLLEGE _____
PROFESSION/GRADUATE SCHOOL _____

CIVIC OR GOVERNMENT POSITION HELD: _____

REVIEW OF OTHER AMERICANISM OR COMMUNITY SERVICE ACTIVITIES OUTSIDE OF THE PENNSYLVANIA AMERICAN LEGION PROGRAM FOR WHICH NOMINEE IS RECOGNIZED:

HAS NOMINEE BEEN A CANDIDATE FOR PUBLIC OFFICE IN THE PRECEDING TWELVE MONTHS?

YES IF YES, TITLE OF OFFICE: _____

NO LOCATION: _____

IF AMERICAN LEGION MEMBER, PLEASE LIST OFFICES HELD IN POST, COUNTY, DISTRICT AND DEPARTMENT OF PENNSYLVANIA WITH YEAR(S) HE/SHE SERVED:

POST: YEAR:	POST: YEAR
POST: YEAR:	POST: YEAR:

PLEASE ATTACH SUBSTANTIATING STATEMENTS OR ARTICLES, IF AVAILABLE.

PLEASE ATTACH (2) GLOSSY PRINTS OF NOMINEE IF AVAILABLE FOR PUBLICITY PURPOSES.
(NOT REQUIRED UNTIL AWARD IS MADE)