



The American Legion, Department of Pennsylvania

## EDUCATOR OF THE YEAR

### Award Nomination Form



#### AWARD SELECTION CRITERIA

- Department award selection will be presented plaque and US Flag by local sponsoring American Legion Post Commander and District Commander at appropriate ceremony following Department convention.
- There shall be one recipient selected from the Department.
- Department award selection must be a Pennsylvania educator in a public, private, parochial or charter school or one who provides home schooling.
- Department award selection must be recommended by local Post.
- Department award selection must have contributed significantly toward promotion of American Legion Americanism programs for youth in Pennsylvania through "*direct participation*" in Pennsylvania American Legion programs including: Essay, Oratorical, Keystone Boys State, Junior ROTC or Junior Shooting Sports, Scouting, State Police Youth Week, etc. *Direct participation is defined as promotion of programs and helping to prepare, coach and/or mentor Americanism program participants.*
- Nominations must be submitted to Department Headquarters on or before: **MAY 15, 2026**
- Nominations must be submitted to: ***The American Legion, Department of Pennsylvania, PO Box 2324, Harrisburg, Pennsylvania 17105-2324.***

#### PERSONAL INFORMATION (PLEASE PRINT OR TYPE ALL INFORMATION)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### EMPLOYMENT INFORMATION (IF APPLICABLE)

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

#### PROFESSIONAL RECOMMENDATION

Recommended by: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Describe how Educator has demonstrated leadership through participation in American Legion Americanism programs for youth within the organization and the community. Please detail involvement:

---

---

---

---

*(Use additional sheets if necessary)*

**YOUTH AMERICANISM PROGRAM PARTICIPATION**  
**POST RECOMMENDATION**

Recommended by: \_\_\_\_\_ Post Position: \_\_\_\_\_

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

Post # \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

District # \_\_\_\_\_ PA American Legion Section: ( ) East ( ) West ( ) Central

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Describe how Educator has demonstrated leadership and contributed significantly toward promotion of American Legion Americanism programs for youth through their "direct participation" in one or more of the Pennsylvania American Legion Americanism programs for youth including the Essay, Oratory, Boys State, Jr. ROTC, and Shooting Sports, Scouting, State Police Youth Week, etc. Direct participation is defined as promotion of programs and helping to prepare, coach and/or mentor Americanism program participants. Please detail involvement:

---

---

---

---

---

---

*(Use additional sheets if necessary)*

**Questions Contact:**

Central Section  
Mike Davies  
717-497-7219  
[mikey\\_d@comcast.net](mailto:mikey_d@comcast.net)

Eastern Section  
Stacy Spizziri  
215-393-1367  
[stacy@mrgto.com](mailto:stacy@mrgto.com)

Western Section  
Bob Schleiden  
724-766-6010  
[bschleiden@zoominternet.net](mailto:bschleiden@zoominternet.net)