



THE AMERICAN LEGION  
DEPARTMENT OF MICHIGAN  
**TEACHER  
OF THE YEAR**



**ATTENTION: MICHIGAN SCHOOL ADMINISTRATORS**

Please nominate one K-12 teacher from your district for our 2018- '19 "Teacher of the Year Awards". Each award is a \$500 grant to the winning teacher for an education project of his or her choice at their school and a Recognition Plaque presented by our State Commander. Five teachers will receive awards statewide annually. Additional forms can be obtained at [www.michiganlegion.org/teacher](http://www.michiganlegion.org/teacher).

Base your nomination on the teacher's **competence, community involvement, and school involvement in patriotism / Americanism / community service programs**. The winners will receive their award on Friday, June 28, 2019, at the American Legion State Convention in Kalamazoo, Michigan. You and your nominee will receive an email notification if selected by our State Education & Scholarship Committee in April.

**PLEASE RETURN NOMINATION NO LATER THAN FEBRUARY 1<sup>st</sup>, 2019 TO:**

American Legion, Department of Michigan, Attn: Programs, 212 N. Verlinden Avenue, Ste. A, Lansing, MI, 48915  
Phone: (517) 371-4720 ext. 23, Fax: (517) 371-2401 or Email: [legion@michiganlegion.org](mailto:legion@michiganlegion.org)

**Teacher Recognition Award Nomination**

Teacher's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Teachers Address: \_\_\_\_\_ City: \_\_\_\_\_

State: Michigan Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

**Principal/School Administrator's Nomination Statement: Attach along with this form**

Superintendent's Name: \_\_\_\_\_ School District: \_\_\_\_\_

District Address: \_\_\_\_\_ City: \_\_\_\_\_

State: Michigan Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Superintendent's Email: \_\_\_\_\_

## Selection Criteria

Nominees will be judged on the following criteria. Please list specific information, examples and citations relating to the criteria in each space provided. You may attach additional sheets if needed.

1. **Teacher's Competence:**

2. **Community Involvement:**

3. **School Involvement in Patriotism / Americanism / Community Service Programs:**

---

Signature of Superintendent/Principle/School Administrator

Optional: Michigan Legion Post Associated with Nomination \_\_\_\_\_  
Post Contact Name: \_\_\_\_\_ Email/Phone: \_\_\_\_\_