



Sons of The American Legion

Detachment of Michigan

SON OF THE YEAR AWARD

APPLICATION FORM FOR NOMINEE

PLEASE PRINT OR TYPE

(NOMINEE)

Squadron #: _____

NAME: _____ **Squadron Name:** _____

ADDRESS: _____ **APT #:** _____

CITY: _____ **MI.** _____ **ZIP CODE:** _____

POST PHONE NUMBER: 1-()- _____

(Signature of all listed below required)

I attest that all information is correct to the best of my ability on the above named candidate.

SQUADRON COMMANDER
or SR.VICE COMANDER: _____

POST COMMANDER : _____

SQUADRON ADVISOR: _____

List all details that express your views on why the nominee should be the "Son Of The Year." On a separate sheet of paper. Tell us all the nominee has done for the Sons, and all activities he is involved in for the Community, State or Nation. Tell us how he assist our Veterans. Tell us of all Americanism or Children and Youth activities he is involved in, and any other activities you feel we should know about.

Do not include on this page information such as the nominees name, Squadron Commanders name, Post Commanders name, the Squadron Advisors name, address of Squadron, name of Squadron, number of Squadron, or Post phone number, District number, title of State office or National office, or any information which will give an unfair advantage to the nominee, when reviewed by the judging committee.

PLEASE BRING NOMINATION LETTER AND THIS COVER PAGE TO S.A.L, STATE CONVENTION

(Both must be turned in on Friday night at opening session to

the S.A.L. Detachment Son of The Year Chairman.)

FAILURE TO FOLLOW THESE RULES WILL DISQUALIFY THE NOMINEE.