

The American Legion Department of Michigan Firefighter of the Year Award



Purpose of Award: To recognize a well-rounded Michigan Firefighter, who has exceeded, above and beyond, the duty requirements expected of their position and has demonstrated a distinct pattern of community service coupled with professional achievement. Episodes of heroism will, of course, also be included where noted.

Eligibility Criteria: To be eligible for consideration, Department nominees must meet the following:

- A. Be a citizen of the United States, male or female
- B. Be a certified, living, active, full-time, paid, or volunteer firefighter. (*Emergency medical technicians (EMTs) are eligible only if they are certified firefighters.*)
- C. Consideration for a posthumous award will be acceptable only, if the nominee's death has occurred after the Department's selection and within the dates for which the award is being presented.
- D. Be assigned to, or fully recognized by, Municipal (City), County, District, State or Federal firefighter officer.
- E. Reside and be assigned or attached for duty in Michigan

Nominee need not be veterans nor members of the American Legion.

Application Criteria:

- A. Completed Cover Sheet (Nomination Form)
- B. 5 x 7 photograph
- C. Narrative:
 - No more than 6 pages (including letters of recommendation)
 - One-sided
 - Describes his/her outstanding service
- D. Backup documentation:
 - One-sided
 - No more than 12 pages
 - Must include his/her state or federal certification
 - Examples: Letters of support from city, county, and state officials, newspaper articles; other letters of commendation; citations, certificates of training, etc.

Deadline: **January 8, 2024**

Mail to: The American Legion
Department of Michigan
Attn: Firefighter of the Year
212 N. Verlinden Avenue, Ste. A
Lansing, MI 48915

JUDGING GUIDELINES: Each nominee is judged according to the following criteria: community service, professional career, heroism, letters of recognition, news clippings, and other substantiating documentation.

The American Legion
Department of Michigan
Firefighter of the Year
Nomination Form



Title: _____ First Name: _____ Last Name: _____

Male Female Email Address: _____

Home Address: _____

City: _____ State: MI Zip: _____ Phone: (____) _____

Age: _____ Marital Status: _____ Spouse's Name: _____

Length of service as a Firefighter : _____

Nomination Agency Name: _____

Nominating Agency Director: _____ Title: _____

Nominee's Supervisor: _____ Title: _____

Email Address of Nominee's Supervisor: _____

Agency Address: _____

City: _____ State: Michigan Zip: _____ Phone: (____) _____

American Legion Post Associated with Nomination: _____

Post Contact Name: _____ Email/Phone: _____

FAILURE to use this form will result in the **DISQUALIFICATION** of your nominee. It should be placed as the **COVER SHEET** for your packet of materials, supporting your candidate. Include an **official 5x7 photograph** of the nominee. The **ORIGINAL COPY** of the entire application is **DUE NO LATER THAN JANUARY 8, 2024** to:

**The American Legion, Department of Michigan
Attn: Firefighter of the Year
212 North Verlinden Avenue Ste. A
Lansing, Michigan, 48915.**

OR

**Email: legion@michiganlegion.org
Attached photo and application
to email along with any supporting
documentation.**