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

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 9, 2026

Mail to: The American Legion

Department of Michigan Attn: Firefighter of the Year 212 N. Verlinden Avenue, Ste. A

Lansing, MI 48915

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

^{*}Nominee need not be veterans nor members of the American Legion.*

The American Legion Department of Michigan Firefighter of the Year 2025~26 Nomination Form



Title: First Name: _	Last Name:	
Male Female Email A	ddress:	
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 Supervi	sor:	
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 9**, **2026 to:**

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

<u>OR</u>

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