



AWARD TO ENHANCE THE LIVES OF DISABLED PERSONS

Department of: _____ Date: _____

Legion Post number and name: _____

Post's name, number, address and telephone number: _____

Post's membership: _____ How many members worked on this project? _____

Name and daytime telephone of the Post's Commander: _____

Name, title, address and daytime telephone number of the person making the nomination:

Describe what your nominee has done that makes the American Legion Post or employer worthy of this award. What specific project has that Post or employer instituted that enhances the lives of disabled persons by helping them participate in community activities? Was this solely a post project or were other community organizations involved? What tangible assets were involved in your nominee's project (e.g., volunteer hours, funds, etc.)? What measurable impact, if any, has your nominee's project had on the community as a whole? Please limit your written narrative to two pages.

Only those nominations that include adequate documentation of the nominee's employment practices concerning veterans will be considered for the National Award to Enhance the Lives of Disabled Persons. It is recommended that the nominator provide a copy of the company's written policy on employment of veterans if available, a description of how the employer supports veterans' activities in the community and any other reasons why the nominee should be selected to be the National Award to Enhance the Lives of Disabled Persons winner.

Nominations need to be sent to The American Legion, Department of Maine, P.O. Box 900, Waterville, Maine 04903-0900 by **Dec. 31** so that department has time to review all nominations.

Approved: _____ **Date:** _____

Department Adjutant