

MICHAEL GUTY HOMELESS VETERANS OUTREACH AWARD

The American Legion Department of: _____ Date: _____

Entry Check List:

1,500 Words, typed and available in MS Word format

Provide general program information: Program title, contact name and information, short program description, list of other organizations involved in this program, annual budget.

Define program objectives and how this is a Legion Family effort

Identify the number of homeless veterans in your community, list stand-down activity, community providers you work with, and fundraising efforts.

Outline program success & impact

Include articles/pictures

Completed coversheet

Nominations by posts and individuals must be sent to department headquarters as soon as possible so that the department will have time to review all nominations received and make the selection of its winners.

All nominations from departments must arrive at National Headquarters on or before January 15th. Either the department adjutant or department employment chairman must approve this nomination.

Approved Signature: _____ Date: _____

Check One: ☐ Department Adjutant ☐ Department Employment Chairman

Desired presentation date at Department Convention: _____

Submit to: **The American Legion**
Attn: National Veterans Employment & Education Commission
1608 K Street NW Washington, DC 20006
Email: VE&E@legion.org

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Nomination Form

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