



SONS OF THE AMERICAN LEGION

MARVIN P. NAY

VETERANS EMPLOYMENT AND EDUCATION OUTSTANDING CONTRIBUTOR AWARD CRITERIA

- Be a member in good standing (current membership dues paid).
- The nominee shall be engaged in the fundraising, distribution of funds or goods, and/or volunteering at an event deemed beneficial to veterans' employment and/or education (to include homelessness).
- At least one picture of the nominee at the event must be submitted with the nomination form.
- The nominee must be wearing identifiable SAL clothing (cover, cap, shirt, jacket or combination).

AWARD CUTOFF:

Nominations are due at National Headquarters before the Veterans Employment and Education Commission meeting at the Spring NEC meetings each May. The commission will select the recipient during this meeting.

Presentation: The award will be presented at the National Convention to either the recipient or a Detachment representative.

- A Detachment may submit more than one (1) nominee for consideration.
- A Sons of The American Legion member may nominate himself.
- The nomination form must be signed by the Nominator and attested by a Squadron officer.

Send the completed **Award Form** and **Photo(s)** [if applicable] by one of the below methods:

MAIL: The American Legion
Attn: SAL Awards
700 N. Pennsylvania Street
Indianapolis, IN 46204

QUESTIONS: 317-630-1205

EMAIL: SALawards@legion.org (Write in Subject Line: "Marvin P. Nay Award Nomination")

For more information visit the national Uqpu'qh'Vj g'Co gtlecp'Ngi kqp website at
www.legion.org/about/american-legion-family/sons-of-the-american-legion/publications-and-forms



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MARVIN P. NAY
VETERANS EMPLOYMENT AND EDUCATION
OUTSTANDING CONTRIBUTOR AWARD
NOMINATION FORM

Nominee Name:

Address: City: State: Zip:

Phone No: Email:

Squadron Name: Squadron No.

Detachment: Cover Size: Member ID#:

Contribution Details

How many events: Total volunteer hours: Total money raised/donated:

Brief description of details (who, what, when, where) include pictures:

Nominator: Date:

Type your First and Last Name to serve as your digital signature

Format: mm/dd/yyyy / select date by clicking inside above box

Officer Name: Date:

Type your First and Last Name to serve as your digital signature

Format: mm/dd/yyyy / select date by clicking inside above box

Officer Title:

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