



SONS OF THE AMERICAN LEGION DETACHMENT OF MICHIGAN

SON OF THE YEAR AWARD APPLICATION FORM FOR NOMINEE

PLEASE PRINT OR TYPE

PLEASE CHOOSE ONE: UNDER 18 OVER 18

NOMINEE NAME: _____ SQUADRON #: _____

ADDRESS: _____ APT #: _____

CITY: _____, MI ZIPCODE: _____

POST PHONE #: _____ POST NAME: _____

(SIGNATURE OF ALL LISTED BELOW REQUIRED)

I attest that all information is correct to the best of my ability on the above named candidate.

SQUADRON COMMANDER or SR. VICE: _____

POST COMMANDER: _____

SQUADRON ADVISOR: _____

**List all details that express your views on why the nominee should be the
"Son of the Year" On a separate sheet of paper.**

Tell us all the nominee has done for the Sons, and all activities he is involved in for the Community, State or Nation. Tell us how he assists our Veterans. Tell us of all Americanism or Children and Youth activities he is involved in, and any other activities you feel we should know about.

Do not include on this page information such as the nominees name, Squadron Commanders name, Post Commanders name, the Squadron Advisors name, address of Squadron, name of Squadron, number of Squadron, or Post phone number, District number, title of Detachment office or National office, or any information which will give an unfair advantage to the nominee, when reviewed by the judging committee.

PLEASE BRING NOMINATION LETTER AND THIS COVER PAGE TO THE DETACHMENT CONVENTION

(Both must be turned in on Friday night at opening session to Detachment Son of the Year Chairman.

FALURE TO FOLLOW THESE RULES WILL DISQUALIFY THE NOMINEE