American Legion Auxiliary
National Report and Award Cover Sheet

PLEASE BE AWARE THE AWARDS AND REPORTING PROCESSES HAVE CHANGED. READ THE FOLLOWING INFORMATION CLOSELY TO ENSURE THAT YOU HAVE SUPPLIED ALL NEEDED INFORMATION.

Member: The National Report and Award Cover Sheet should be attached if you are reporting. Submission may make you or your unit/department eligible for a national award.

Department Chairman and Unit Chairman: This cover sheet should be attached to each narrative submitted as a year-end report or if you are applying for a department or unit national award.

- Send all award entries/year-end narrative reports to the appropriate program's division chairman unless otherwise noted in the Annual Supplement to the Programs Action Plan.
- All year-end narratives will be judged as award entries.
- Award winners are announced in the respective committee “pre-con” meeting prior to the start of ALA National Convention. All awards will be mailed to the winners’ department headquarters at the close of ALA National Convention.

To all submitting this form:

Submissions become property of the American Legion Auxiliary National Headquarters. Through submission of reports and award entries, the submitter grants nonexclusive reproduction and publication rights to the materials submitted, and agrees to have their names and submission published for ALA use or commercial use without additional compensation or permission.

Please fill out the information as completely and accurately as possible. Award certificates will be completed using the information given on this sheet, so please be sure to complete the form in its entirety. For your convenience, a fillable version of this form is available online at www(ALA)forVeterans.org.

For the award for which you wish to be considered, please refer to the 2017-2022 Programs Action Plan at www.AL Af orVeterans.org for the specific criteria such as photographs, narrative length, submission deadline, and point of contact. Please include all required documentation along with your submission of the National Report and Award Cover Sheet. All awards will be mailed to the department office after ALA National Convention. Department presidents may wish to recognize award recipients by presenting them with the award at a department function.
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Please note, your report will also be viewed as an award entry.

**Complete the following if you are applying for a member award.** Be sure to give the complete name of the member. The award certificate will be prepared using the information you include below.

Unit #: ______  Full official unit name: ____________________________________________

Name of state where you are a member: ____________________________________________

Member Name: ___________________________  ALA member ID#: ___________________

Nominating Member (if different from above): _________________________________________

Nominator’s Phone number: (____)________________________________________________

Nominator’s Email address: _________________________________________________________

National committee sponsoring award: _____________________________________________

Type of Award:  □ Department       □ Unit       □ Member

Name of the award you are applying for: ____________________________________________

**For a unit award or to submit a year-end unit narrative report, please complete this section.** Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: ______  Full official unit name: ____________________________________________

Name of department: ____________________________________________________________

Unit president/chairman (circle one) name: _________________________________________

Above listed person’s ALA member ID#: _______________  Phone number: (____)________

Email address: __________________________________________________________________

**For a department award or to submit a year-end department narrative report, please complete this section:**

Name of department: _____________________________________________________________

Name of department chairman: ____________________________________________________

Chairman’s phone number: (____)_________________  ALA member ID#: _______________

Chairman’s email address: _______________________________________________________

*Please see your committee’s Annual Supplement to the Programs Action Plan to determine where to send this form.*