



American Legion Auxiliary

Youth Hero and Good Deed Award Nomination Form

NAME OF YOUTH _____

First

Middle Initial

Last

Youth's date of birth ____ / ____ / ____ Age _____ Male Female

Date of bravery or community service performed _____

Submitted by Unit # _____ Department of _____

Description of bravery and/or deed performed by youth (to be completed by unit)

Please attach news clippings to verify the deed being recognized. Clippings will not be returned unless a self-addressed stamped envelope is provided.

UNIT CERTIFICATION (MUST BE CERTIFIED BY TWO UNIT MEMBERS)

Unit Member _____ Date _____

Unit Member _____ Date _____

Units should send completed applications to their department secretary.

DEPARTMENT SECRETARY CERTIFICATION

Name _____ Date _____

Department secretary mails request for medallion and/or certificate to National Headquarters, 8945 N. Meridian St., Indianapolis, IN 46260, who will ship at no cost to unit or department.

Please ship medallion/certificate to: Unit Department

Name _____ Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Please use this form for all Youth Hero and Good Deed Award nominations. For more information, contact National Headquarters at children&youth@ALAFforVeterans.org or (317) 569-4500.

NATIONAL HEADQUARTERS USE ONLY

Date received _____

Date shipped _____

Youth Hero Award Good Deed Award

By _____