

CHAPLAIN OF THE YEAR AWARD - APPLICATION
(Please PRINT)

Candidate's Name: _____ Member ID: _____

Post Name and Number: _____ District: _____

1. Attend all Post meetings and offered prayers? _____

2. Have all prayers been non-sectarian and non-denominational? _____

3. A member of the Texas Chaplains Association? _____

4. Regularly visit members hospitalized or home-bound? _____

5. Send letters to members absent due to health or medical problems? _____

6. Send letters of condolence to deceased member's family? _____

7. Attend or officiate at member's funeral or memorial service? _____

8. Participate in Draping of the Charter ceremonies? _____

9. Promote the history and heritage of "In God We Trust" _____

10. Serve as chaplain in an honor or color guard? _____

11. Serve on your Post's Texas Boys State Committee? _____

12. Attach a typewritten list of all National patriotic holiday observances in which you participated by name of event, date and place. Include flyers, newspaper clippings, photos and any other documentation supporting your participation.

13. Attach a typewritten list of all American Legion programs in which you participated not covered herein with supporting documents as indicated in item 12 immediately above.

Post Commander's signature

Applicant's Signature

Application Form must be received at Department Headquarters by June 1st