



Date: _____

Community Service - Al White Award

Post: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Legion Family Entity: (TAL/ALA/SAL) _____

Criteria:

An award may be given each month to an American Legion Post, judged to have performed an outstanding Community Service project for the betterment of their community or the people therein.

An award may be given to any combination of the American Legion Family provided proper documentation is provided. Signatures must include that of the Post Commander and Adjutant as well as any other officers as required from the combined American Legion Family from that Post.

Narrative:

Please provide a narrative with proper documentation to include description of activities, proof of activities (pictures/newspaper articles) designed to enrich your Legion Family and/or your community.

Submission:

This form, with attachments must be submitted to:

DVC Nelson Blake (Department Community Service Committee Chairman.
161 Hildreth St.
Lowell, MA 01850

Or Electronically to: CaptBlake@Gmail.com
Application must be submitted within 45 days of event.

Submitted by: _____, **Post:** _____

**All Entries will be judged by the Community Service Committee.
This annual award will be presented to the recipient during the Department of Mass Executive Committee meeting or at Convention.**

**Department of Massachusetts
Community Service Award
Al White Award**

Attach Narrative, Photos, Newspaper clippings.