

THE AMERICAN LEGION DEPARTMENT OF SOUTH CAROLINA
P. O. Box 3309
Irmo, SC 29063
Phone: (803) 612-1171 - Fax (803) 213-9902

HAMILTON TROPHY AWARD
DUE DATE: FEBRUARY 26, 2010

Name of Nominee: _____

Street Address: _____

City: _____ State: _____ Zip _____

Nominee's Post # and Location: _____

Laurens Hamilton has made available a Trophy to be presented annually to the Outstanding Volunteer Post Service Officer, exclusive of County Veterans Affairs Officers. This Post Service Officer is to be selected by the Rehabilitation Committee.

Each local Post may submit a nominee for this award. Nominations from local Posts must include complete information concerning the qualification of the nominee. Complete the nomination form and return it to Department Headquarters **no later than February 26, 2010.**

Use additional sheets as needed and attach supporting evidence.

Nominating Post's Number _____ Location _____

Signed: _____ Office: _____
(Post Commander or Adjutant)

HAMILTON TROPHY NOMINATION CONTINUED:

Qualifications: _____

Outline work as Post Service Officer: _____

List projects and time spent on each during 2008-2009: _____

