



*The American Legion, Department of Indiana*  
*Service Department*

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**American Legion Department of Indiana**  
**Post Service Officer Award Nomination**

1. Date \_\_\_\_\_
2. Reporting Period: (Please report activities for the post service officer's most immediate elected or appointed year) \_\_\_\_\_
3. Post Service Officer's Name: \_\_\_\_\_
4. Post Number: \_\_\_\_\_
3. Post Address: \_\_\_\_\_
4. Post Phone Number: \_\_\_\_\_
5. District Number: \_\_\_\_\_
6. Number of veterans referred to either the Department Service Office or the County Veterans Service Office for filing benefit claims or appointing a claims representative: \_\_\_\_\_
7. Number of inpatient hospitalized veterans visited: \_\_\_\_\_
8. Number of veterans helped to find employment: \_\_\_\_\_
9. Number of veterans benefit seminars arranged or conducted: \_\_\_\_\_
10. Estimated dollars the post has provided in direct financial assistance to veterans, and/or their dependents: \_\_\_\_\_
11. Number of Temporary Financial Assistance (TFA) the post service officer helped complete and send to department headquarters: \_\_\_\_\_
12. Did the post service officer attend the Department's post service officer's training following the last department conference? \_\_\_\_\_
13. Has the post service officer completed the Department's home study post service officer's training course? \_\_\_\_\_

