VFW DISTRICT 2, DEPARTMENT OF NEW YORK
2026–2027 SMART/MAHER VFW NATIONAL CITIZENSHIP EDUCATION TEACHER AWARD NOMINATION FORM
Deadline: October 31, 2026

1. TEACHER NOMINEE

Teacher Name: First _____ M.I. _____ Last _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Award Category:

[ ] **K–5** [ ] **Grades 6–8** [ ] **Grades 9–12**

School Name: _____

School Address: _____

City: _____ **State:** _____ **ZIP:** _____

School Phone: _____ **School Email:** _____

2. PERSON MAKING NOMINATION

[ ] Administrator [ ] Educator [ ] Parent [ ] Self-Nomination

Nominator Name:
_____

Relationship to Nominee: _____

Address: _____

City/State/ZIP: _____

Phone: _____ **Email:** _____

3. REQUIRED NOMINATION MATERIALS

[ ] **Teacher résumé**, minimum one page [ ] **Supporting documentation**, if submitted

[ ] **Total nomination documentation does not exceed five pages**, including résumé

[ ] **Head-and-shoulders photograph**, if available

Supporting materials should demonstrate the nominee's accomplishments in the four areas used by the VFW to evaluate candidates; **Citizenship:** Encourages or models citizenship and community involvement, **Innovation:** Uses new ideas, tools, resources, or approaches to engage students, **Resources:** Identifies and effectively uses outside organizations, individuals, programs, funding, field experiences, or other resources to enrich education, **Passion:** Demonstrates exceptional commitment to teaching, continued professional growth, student encouragement, and individual student success.

4. NOMINATOR CERTIFICATION

I certify that, to the best of my knowledge, the information contained in this nomination and its supporting documentation is accurate. I understand that the nominee must be a current certified or licensed K–12 teacher and that previous National VFW Teacher Award winners are not eligible.

Nominator Signature: _____ **Date:** _____

5. NOMINEE ACKNOWLEDGMENT

I consent to being nominated for the 2026–2027 Smart/Maher VFW National Citizenship Education Teacher Award and authorize the submission of the enclosed materials for consideration under the program.

Teacher Signature: _____ **Date:** _____

6. SPONSORING VFW POST USE

VFW Post Name/Number: _____

Date Received: _____ **Received By:** _____

[ ] Complete [ ] Incomplete [ ] Eligible for Judging

Post Chair/POC: _____ **Phone:** _____

Email: _____

District 2 Control No.: _____