

**Rules Governing Award of the  
William F. Lenker National Service Trophy**  
(as revised by Res. 2, NEC, October 18-19, 2006)

The William F. Lenker National Service Trophy is to be awarded annually to the Department of The American Legion excelling in welfare and rehabilitation work for war veterans and their dependents; providing, that the membership of that Department shall be no less than 80 percent of the preceding year. For this purpose, membership of the Department used in this calculation is to be based on the record as shown in the books of the National Treasurer on the last day of the preceding fiscal year.

Departments competing for this trophy shall email the completed questionnaire titled "Statement of Rehabilitation Activities" to the National Veterans Affairs and Rehabilitation Division Director via Jami Jones at [jjones@legion.org](mailto:jjones@legion.org) by July 15th. The completed questionnaire must be duly certified by the Department Commander and Adjutant.

Each year, just before the National Convention, the National Commander shall appoint a committee of three to act as judges. The committee shall consist of the Chairman of the National Veterans Affairs and Rehabilitation Commission and any other two the National Commander shall see fit to designate.

Announcement of the award is to be made at each National Convention, and the winning Department shall be formally advised by letter from the National Commander.

The title to this trophy is to remain with The American Legion. The original with engraved inscriptions of the winning Departments is to remain at National Headquarters. A suitable laminated plaque containing a photograph of the trophy, with an attached engraved plate, will be awarded to and retained by the winning Department. In addition to the laminated plaque, the winning Department shall be presented with a gold plate suitable for attachment to the staff of the Department banner and engraved as follows: "Winner William F. Lenker National Service Trophy, (year)."

**Statement of Rehabilitation Activities  
for consideration in award of the  
William F. Lenker National Service Trophy**

Name of Department \_\_\_\_\_ Date \_\_\_\_\_

Dates covered by report May 31, 2018 – June 1, 2019

1. Number of Posts in Department \_\_\_\_\_
2. Number of Posts reporting rehabilitation activities to Department Headquarters \_\_\_\_\_
3. Number of Posts having active Post Service Officers (PSOs) \_\_\_\_\_
4. Number of veterans assisted by PSOs \_\_\_\_\_
5. Number of Posts that have medical equipment to loan to  
veterans \_\_\_\_\_  
family members \_\_\_\_\_
6. Number of Posts that have activities/programs to help homeless veterans \_\_\_\_\_
7. Number of veterans for whom you have found employment \_\_\_\_\_
8. Number of veterans for whom you have found training opportunities \_\_\_\_\_
9. How many Posts provide military funeral honors \_\_\_\_\_
10. To date, the number of regularly scheduled (RS) volunteers and RS hours contributed to VA Voluntary Service (VAVS) programs within your Department.  
# RS Volunteers \_\_\_\_\_  
# RS Hours \_\_\_\_\_
11. To date, the number of occasional volunteers and occasional hours contributed to VAVS programs within your Department.  
# Occasional Volunteers \_\_\_\_\_  
# Occasional Hours \_\_\_\_\_

12. Number of new VAVS volunteers and assignments within the past year \_\_\_\_\_

13. Give a short report of the Department and /or Posts activities within the VAVS program at local VA health care facilities, or any similar projects at State Veterans Homes, or other facilities.

14. What does the Department do to encourage and support Youth volunteers?

15. Number of Posts contributing to General Post Funds at VA health care facilities \_\_\_\_\_

16. How many American Legion awards for voluntary service in the VAVS program were presented this year?

100 hours \_\_\_\_\_

300 hours \_\_\_\_\_

1,000 hours \_\_\_\_\_

2,000+ hours \_\_\_\_\_

17. Do you have any special rehabilitation projects that regularly aid veterans and their dependents?

18. Number of Temporary Financial Assistance (TFA) applications received \_\_\_\_\_

19. Number of Family Support Network referrals received \_\_\_\_\_

20. List the Department and/or Post funds expended in rehabilitation-related activities.

21. Do you have a regular rehabilitation publicity program to acquaint veterans as to Federal and State benefits?

22. Additional comments

CERTIFICATION

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Department Commander, Date

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Department Adjutant, Date