



**American Legion Auxiliary
Department of Wisconsin
2023-2024 Little Miss Poppy Nomination Form**

Submit completed form to:

Kay Grosskopf, Department Chairman
5909 Grandview Road, Larsen, WI 54947
kkgros44@gmail.com • 715-881-1843

Department Nomination form ONLY

Committee sponsoring award: **Poppy**

Please fill out the information as completely and accurately as possible. Unit award certificates will be completed using the information given on this sheet, so please print legibly.

Submit the Poppy Scrapbook and a narrative describing Little Miss Poppy's activities throughout the year with this completed form to nominate a Little Miss Poppy.

Unit # _____ District # _____ City Location: _____

Full official unit name: _____

Unit president Chairman name: _____

Phone number: _____ ALA member ID#: _____

Email address: _____

LITTLE MISS POPPY INFORMATION:

Name: _____ ALA member ID#: _____

Date of Birth: _____ *(must be 6-12 years old as of June 1 and a current ALA member)*

Parent/Guardian's Name: _____

Parent/Guardian's Mailing Address: _____

Parent/Guardian's City, State, Zip Code: _____

Parent's Phone: _____ Email: _____

Enclose: Poppy Scrapbook Narrative describing Little Miss Poppy's activities