



Americanism Poem Contest

2026-2027 THEME IS:

“How can you be a beacon of light for our veterans?”

1. ELIGIBILITY: Five Classes

- Class I – 3rd Grade
Class II --4th Grade
- Class III--5th Grade
- Class IV--6th Grade
- Class V -- Students classified as Developmental Disability pupils, or those who are in special education classes in our school systems.

Developmental Disability Students include:

- Those in special education classes for the developmentally disabled
- A student recommended for the development disability class, but who was not admitted due to a waiting list or various other causes

Please note that home-schooled students are eligible. Their grade level must be verified.

2. RULES: Poems are:

- Original work of the student. AI should NOT be used.
- Three verses, four lines per verse
- The lines may rhyme, but it is not a requirement

2. STUDENT IDENTIFICATION:

On the back side of the poem, **write the student's name, grade, complete address, teacher's name, and the sponsoring Auxiliary Unit sponsoring complete with name of person, and complete address.** The complete address is to include a street, box number, and city, state and zip code. If the student's entry is chosen for an award the award will be sent to the sponsoring South Dakota American Legion Auxiliary Unit.

3. DEADLINES:

- March 1: To the Unit Chairman or local Auxiliary from school/student
- March 15: To District President from Auxiliary Unit
- April 1: To Department Americanism Chairman from District President

4. JUDGING: One or more of the American Legion Auxiliary members may serve as judges providing that judge is NOT a parent of a contestant. Selection of a winning entry will be the decision made by the judges of how much the poem pertains to the subject of Americanism and along patriotic lines.

5. AWARDS:

- Local Awards - at the discretion of the sponsoring Unit
- District Awards – at the discretion of the District
- Department Awards – First and Second place winners will be awarded

Student Name _____

Grade _____

Address _____

Town/State/Zip _____

School _____

Teacher _____

UNIT FILL THIS OUT:

American Legion Auxiliary Unit # _____ Town _____

Americanism Chairman _____

Address _____

Town/State/Zip _____

Telephone _____