



**INDIVIDUAL NOMINATION FORM
TROY YOUTH ASSISTANCE
YOUTH RECOGNITION AWARDS EVENT**
Troy High School Auditorium
6:15 pm Doors Open, 7:00 pm Program
April 29, 2020

FOR OFFICE USE ONLY

NO. _____

DEADLINE for RETURN: February 12, 2020

PLEASE TYPE OR PRINT CLEARLY. Nominate only one youth per form. Duplicate this form if you have more than one nominee. The youth must be a middle or high school age City of Troy resident or attending Troy Schools as a school of choice student. **Both pages must be completed to be considered. Please send an electronic picture of the nominee (.jpg format), preferably a waist-up shot, and ensure that names are spelled correctly on this form as we can no longer reprint recognition certificates.**

Nominee: _____

Phonetic Spelling: _____ Nominee Email: _____

School: _____ Grade: _____ Age: _____ Gender: M F

Home Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Email: _____

CATEGORY OF NOMINATION: (SEE ATTACHED CATEGORY CRITERIA)

- A. Exceptional service to others
- B. Achievement by an individual who has overcome personal challenges and/or set an example for others
- C. Heroism or an outstanding humanitarian act
- D. Exceptional service by an individual within a club or organization

Estimated number of hours for this activity _____ *This field is required for consideration of nominee!

Nominees will NOT be honored multiple years for the same service performed. They will be considered if service has substantially increased or changed.

The nominee has voluntarily made a significant contribution to others, self, an organization, or a community. S/he has not received payment or merit within an organization or school course credit for his/her effort/s.

I agree to permit the Troy Youth Assistance/ Youth Recognition Selection Committee to notify this young person of his/her selection for an award. I also agree to attend and participate in the Youth Recognition Award Event.

NOMINATOR INFORMATION:

Title & Name: Mr. / Mrs. / Ms. _____ Phone: _____

Nominator's Address: _____ City: _____ Zip: _____

Email: _____ Organization: _____

**RETURN COMPLETED FORM NO LATER THAN
February 12, 2020**

**TROY YOUTH ASSISTANCE
4420 Livernois Rd.
Troy, MI 48098
troyyouthassistance@troy.k12.mi.us
FOR ADDITIONAL INFORMATION: CALL 248-823-5095**

After completing this 2-page nomination form, save a copy for your records and then scan and email, or mail, along with a picture to Troy Youth Assistance.

