



**GROUP NOMINATION FORM
TROY YOUTH ASSISTANCE
YOUTH RECOGNITION AWARDS EVENT**
Troy High School Auditorium
6:15 pm Doors Open, 7:00 pm Program
April 17, 2019

FOR OFFICE USE ONLY

NO. _____

DEADLINE for RETURN: January 25, 2019

PLEASE TYPE OR PRINT CLEARLY. Nominate only one group per form. The youth involved must be school-age City of Troy residents or attending Troy Schools as school of choice students. **All pages must be completed to be considered.** **Please send an electronic picture of the group and ensure that names are spelled correctly on this form as we can no longer reprint recognition certificates.**

Group Name: _____

School: _____

GROUP NOMINATIONS RECOGNIZE EXCEPTIONAL SERVICE BY A CLUB OR ORGANIZATION.

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

The nominees have voluntarily made a significant contribution to others, an organization, or a community. They have not received payment or merit within an organization or school course credit for their efforts.

I agree to permit the Troy Youth Assistance/ Youth Recognition Selection Committee to notify these young people of their 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: _____

Please attach a **required third page** with the following information for each nominee:
Nominee name with correct spelling, phonetic spelling, grade, age, gender, Email address, home address, estimated hours of service, parent/guardian name and Email address.

If your nominee does not have an email address, we will send all communication through the parent's Email. Please do NOT highlight any information. We copy forms for our judges and highlighting does not appear.

**RETURN COMPLETED FORM NO LATER THAN
January 25, 2019**

**TROY YOUTH ASSISTANCE
4420 Livernois Rd.
Troy, MI 48098**

troyyouthassistance@troy.k12.mi.us

FOR ADDITIONAL INFORMATION: CALL 248-823-5095

After completing this 3-page nomination form, **save a copy** for your records and then **scan and Email**, or mail, along with pictures to Troy Youth Assistance.

