



**INDIVIDUAL NOMINATION FORM
TROY YOUTH ASSISTANCE
YOUTH RECOGNITION AWARDS EVENT**
Troy High School Auditorium
6:15 pm Doors Open, 7:00 pm Program
April 18, 2018

FOR OFFICE USE ONLY

NO. _____

DEADLINE for RETURN: February 7, 2018

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 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, preferably a waist-up shot.

Please ensure correct spelling of name for recognition certificate

Nominee: _____

Phonetical Spelling: _____ Nominee Email: _____

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

Home Address: _____ City: _____ Zip: _____

Parents/Guardians: _____ 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 7, 2018

TROY YOUTH ASSISTANCE
4420 Livernois
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 e-mail**, or mail, along with a picture to Troy Youth Assistance.

DO NOT USE THE YOUTH'S NAME IN THIS SECTION OF THE NOMINATION FORM

Please describe the volunteer's achievements, activities and any additional information relevant to this nomination. Include details and specific examples of the youth's service and/or personal achievement, so the judges will understand why this youth should receive recognition from Troy Youth Assistance. *Nominators are expected to personally present the award to recipient the night of the recognition ceremony, along with a brief summary of the provided information.* **An electronic picture of the nominee is required.** All sections on both pages must be completed.

School: _____	Grade: _____	Age: _____
Estimated Hours of Service: _____	Nomination Category: _____	

RETURN BY:
February 7, 2018
troyyouthassistance@troy.k12.mi.us