GREENE COUNTY ANNUAL YOUTH AWARDS

YOUTH OF THE YEAR
GREENE COUNTY YOUTH ADVISORY BOARD CHAIRMAN'S AWARD
YOUTH BUREAU DIRECTOR'S AWARD

NOMINATION FORM

- ***Must be a resident of Greene County, in Grades 9 – 12, with achievements voluntary in nature, performed in Greene County, and not part of paid employment.***
- ***Past nominees can be re-nominated, as long as they have not received top awards.***
- ***Nomination form must be fully completed; Incomplete forms will be rejected & not considered***
- ***Please provide a recent photo (5 x 7 or smaller/ or jpeg (300dpi at life size) of nominee with completed, signed release.***

DEADLINE: MARCH 31, 2027

Please type or print neatly; Attach additional pages if needed; Nomination is for an individual only, no groups

Name of Nominee_____

Mailing Address: _____

School _____ **Grade**_____

Parents' Names: _____ **Phone #** _____

COMMUNITY SERVICE:

COMMUNITY ORGANIZATION MEMBERSHIP

(Include youth group, community or religious organizations, etc. which regularly meet)

ORGANIZATION	JOINED	STILL ACTIVELY INVOLVED?	IF SERVED AS OFFICER – STATE TITLE & YEAR(S)

VOLUNTEER SERVICE

(Church, Health facility, Organization, etc.)

VOLUNTEER SERVICE/LOCATION	VOLUNTEER SINCE	FREQUENCY VOLUNTEERING TIME

PERSONAL ACHIEVEMENT/AWARDS:

DESCRIPTION	DATE AWARDED	LOCAL	STATE	NATIONAL

SCHOOL ACTIVITIES:

ACTIVITY	JOINED	OFFICER/CAPTAIN (TITLE & YEAR)
Academic Honors		
Student Government		
School Clubs/Departments		
Athletics		

GRADE (G.P.A. if possible): _____

Other pertinent information why this youth should be recognized for a Greene County Youth Award:

_____

_____

_____

_____

_____

_____

_____

I certify that the information regarding the above named student is correct to the best of my knowledge.

Name of Nominator_____ **Contact info**_____

Signature: _____ **Date:** _____

Greene County Department of Human Services

Photo/Video Release

I hereby grant Greene County Department of Human Services consent to use my likeness, in photographs in whatever form or condition, with or without the use of my name, for any lawful purpose.

I understand that I will not be compensated for this.

I state that _____ is over eighteen (18) years of age.
___ Yes ___ No

If under age eighteen, a parent or legal guardian must complete on the minor's behalf.

Date: _____

Name (please print): _____

Signature: _____

Relationship: _____ Self _____ Parent/Legal Guardian