

# 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, 2025

*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)*

[illegible]

(Church, Health facility, Organization, etc.)

**PERSONAL ACHIEVEMENT/AWARDS:**

[illegible]

## **SCHOOL ACTIVITIES:**

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

**GRADE** (G.P.A. if possible): \_\_\_\_\_

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

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**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