



**GROUP 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 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.**

Group Name: \_\_\_\_\_

School: \_\_\_\_\_

**CATEGORY OF GROUP NOMINATION: (SEE ATTACHED CATEGORY CRITERIA)**

- A. Exceptional service by an individual within a club or organization  
 B. 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, phonetic spelling, grade, age, gender, e-mail, home address, estimated hours of service.  
Parent/Guardian name, 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 information. We copy forms for our judges and highlighting does not appear.

**RETURN COMPLETED FORM NO LATER THAN**  
**February 7, 2018**

**TROY YOUTH ASSISTANCE  
4420 Livernois  
TROY, MI 48098**

**[troyyouthassistance@troy.k12.mi.us](mailto: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 e-mail**, or mail, along with pictures to Troy Youth Assistance.

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

Please describe the group's achievements, activities and any additional information relevant to this nomination. Include details and specific examples of the group's service/achievement, so the judges will understand why this group 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 group is required.** All sections of all pages must be completed.

School: _____	Grades: _____	Ages: _____
(Ranges may be used for grades and ages)		
Estimated Hours of Service: _____	Nomination Category: _____	

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

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