



**NOMINATION FORM**  
**TROY YOUTH ASSISTANCE**  
**YOUTH RECOGNITION AWARDS EVENT**  
Troy High School Auditorium  
6:15—7:00 Refreshments, 7:00 Program  
**April 19, 2017**  
**DEADLINE for RETURN: February 24, 2017**

FOR OFFICE USE ONLY  
NO. \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY.** Nominate only one youth or group 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.**

Nominee: \_\_\_\_\_ *Please ensure correct spelling of name for recognition certificate*

Phonetical Spelling: \_\_\_\_\_ Nominee Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_ 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/outstanding humanitarian act
- D. Exceptional service by an individual within a club or organization
- E. Exceptional service by a club/organization

Estimated number of hours for this activity \_\_\_\_\_

**Has this youth been previously nominated to TYA for this achievement or activity?**  Yes  No

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 24, 2017**

**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 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.

