YOUTH RECOGNITION PROGRAM
January to December

Holly Area Youth Assistance wants to acknowledge and celebrate those youth that make exemplary voluntary contributions to our community. We realize that many youth contribute in numerous ways and that all cannot be honored at our Annual Meeting—Youth Recognition Night.

In nominating those individuals for an exemplary award, please give as much detail and specific example of the youth’s service and/or personal achievement as possible in your description. The Youth Recognition selection committee members are an objective panel of judges who are not familiar with the nature and/or missions of all nominating groups. We want to make the best effort to eliminate the potential loss of Youth Recognition candidates due to the lack of sufficient information from the nominators. Youths may be nominated for recognition in one of the following categories: which took place January to December.

♦ Exceptional service to others

Superior service and extensive volunteerism. Displaying extreme genuineness and concern for others based on the youth’s developmental age.

Example: He/She painted houses and performed maintenance work for women whose families were victims of domestic abuse, helped the homeless and repaired damages after storms.

♦ Achievement by an individual who has overcome personal challenges and/or set an example for others

Significant changes within the past year have been reflected by the youth’s sincere attempt to turn around one’s life. Included may be changes from negative to positive attitudes and behavior; actions displaying great achievements in personal growth and/or social development for a person of the youth’s developmental age; or overcoming significant personal difficulties.

Example: Despite his/her hardships with a disease, she has remained a truly caring and sympathetic child with a terrific sense of humor and an impressive understanding of other people’s character. She is a role model for all of us in overcoming personal challenges.

♦ Heroism/outstanding humanitarian act

Act of self-sacrifice, which demonstrates unusual courage and/or an act reflecting great concern for the welfare of another. Displaying considerable social awareness for a person of the youth’s developmental age.

Example: When his/her grandmother suffered a stroke and was transferred to a nursing home, her choral group began singing to her at the home. They began providing free musically arranged routines for nursing home residents and senior centers. They have brought great joy to many senior citizens.

♦ Exceptional service by an individual within a club or organization

Superior service and extensive volunteerism well beyond the norms of time, energies and tasks of the other group members and/or the youth’s developmental age. Giving of oneself without consideration of self-gain, election to office and/or social merit.

Example: He/She donated over 400 hours to Beaumont Hospital. Served as a liaison between family, physicians, and nurses. He is the only teen allowed to work in the Emergency Center area.
Holly Area Youth Assistance Youth
Recognition Night 2020
April 16, 2020
Eligibility and Nomination Instructions

1. The youth must be of school age student and reside within Holly Area School district.

2. Nomination forms must be typed or printed; only one youth per form.
   Please feel free to make additional copies if needed.

3. Any youth, adult, or organization may nominate a deserving youth (Please feel free to nominate any camp Counselors). Submissions are accepted throughout the year and will be recognized the following April.
   Submit by March 1, 2020.

4. Nominees are selected on the basis of voluntary services and/or exceptional personal efforts within the last year.

5. Selections of the Holly Area Youth Assistance Youth Recognition Committee are final.

6. Completed forms must be returned by March 1, 2020, to:

   Holly Area Youth Assistance
   920 Baird St
   Holly, MI 48442
   Phone: 248-328-3185
   Fax: 248-328-3184

We depend on your participation to recognize worthy young people throughout the Holly community who contribute in so many ways. The nomination form may be duplicated if you have more than one nominee. For additional information, please contact Holly Area Youth Assistance Recognition Award Chair, George Kullis at 248-431-1894.

Please include picture of nominee if available.

NOMINATION FORMS MUST BE RETURNED NO LATER THAN:
March 1, 2020
Please type or print clearly – forms not completely filled out will not be accepted. Please plan to take plenty of time to nominate a worthy youth. This form may be duplicated if you have more than one nominee. The youth must be a school age student and reside in the Holly Area Community of Schools. Please include a picture of nominee if available or email one to haya4kids63@gmail.com for a DVD presentation to be viewed at the award night.

NAME ___________________________ AGE ______ GRADE ______ GENDER ______
ADDRESS ___________________________ CITY ______________________ ZIP __________
PARENT/GUARDIAN ___________________________ HOME PHONE __________________________

THIS NOMINATION IS MADE FOR THE CATEGORY OF: (SEE ATTACHED CATEGORY CRITERIA)

☐ Exceptional service to other
☐ Achievement by an individual who has overcome personal challenges and/or set an example for others
☐ Heroism/outstanding humanitarian act
☐ Exceptional service by an Individual within a club or organization

Estimated number of hours ______________

Is this youth receiving credit from any other club or organization for this activity? Yes / No
If yes, please explain.

Has this youth previously been nominated for these achievements or activities? Yes / No

The nominee has voluntarily made a significant contribution to others, self, an organization or a community. He/she has not received a payment or an award of any kind for these contributions. I agree to keep this nomination strictly confidential and to permit the Youth Recognition Selection Committee from Holly Area Youth Assistance to notify this young person if selected.

NOMINATOR’S NAME AND ORGANIZATION __________________________________________

NOMINATOR’S ADDRESS CITY ZIP _________________________________________________

SIGNATURE OF NOMINATOR __________________________ PHONE __________________________

Please attach picture of nominee if available

RETURN COMPLETED FORM NO LATER THAN March 1, 2020 TO:

HOLLY AREA YOUTH ASSISTANCE RECOGNITION COMMITTEE
920 Baird St. Holly, MI 48442
OR FAX TO: 248-328-3184

FOR ADDITIONAL INFORMATION CALL 248-328-3185
For Holly Area Youth Assistance information or about their programs, call 248-328-3185 or visit our webpage
https://www.hask12.org/community/holly-area-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. Provide only information that may be shared at Youth Recognition event

Number _____________________________

Return by March 1, 2020