

**YOUTH APPRECIATION WEEK
NOMINATION FORM**

CATEGORY OF NOMINATION: _____

NOMINEE NAME: _____

ST. ADDRESS: _____

CITY: _____

HOME PHONE: AC(_____) _____

SCHOOL NAME: _____

ATTN: _____ (COUNSELOR OR ADVISOR)

ST. ADDRESS _____

CITY: _____

PHONE: AC(_____) _____

NOMINEE BIOGRAPHY:

GRADE: _____ GENDER: _____ GPA: 70 – 100+ = _____

GPA: (4 PT SYS) = _____

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CATEGORY CRITERIA: (ITEMS RELVANT TO CATEGORY ACTIVITIES ONLY)

GPA (70 – 100+) IN CATREGORY BEING JUDGED: _____

LEADERSHIP POSITIONS: (CLUB OFFICES HELD, ETC.)

EXAMPLE: XYZ CLUB: PRESIDENT, Y YEARS, TREASURER X YEARS

ABC CLUB: SECTION LEADER, Z YEARS

STUDENT COUNCEL, OFFICER: X YEARS PRES., Y YRS. TREASURER

PUBLIC RECOGNITION FOR ACHIEVEMENT: LIST AWARDS, SPECIAL RECOGNITIONS, ETC.

EXAMPLE: CURCH ACTIVITIES IN CATEGORY, CIVIC GROUP AWARDS/RECOGNITION,
SPECIAL NEWSPAPER/NEWSLETTER RECOGNITION, ETC.

NOMINEE NAME: _____ CATERGORY: _____

SCHOOL RECOGNITION FOR ACHEIVEMENT: SCHOOL AWARDS, STANDINGS, ETC.
EXAMPLE: UIL 1st RATING, FOUR YEARS; XYZ HONORS PROGRAM, 3 YEARS

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GENERAL RECOGNITION (RECOGNITION FOR ACHIEVEMENTS NOT IN CAREGORY)
EXAMPLE: EXTRACURRICULAR ACTIVITIES OUTSIDE OF CATEGORY, OTHER CLUB
MEMBERSHIPS, RELIGIOUS AND CIVIC ORGANIZTIONS RECOGNITIONS, ETC.

WORK SCHEDULE: IF YOU WORK, STATE WHEN, HOW MANY HOURS PER WEEK, AND
STATE YOUR RESPOSIBILITIES.

EXAMPLE: SUMMERS, 40 HRS/WK SALES CLERK, STOCKING, INVENTORY CONTROL,
DISPLAY MAINTENANCE, RECONCILE REGISTER.CASH DRAWER
DURING SCHOOL – 15 HRS/WK MAINLY WEEK-ENDS, SAME AS ABOVE.

BE ACCURATE, COMPLETE AND BRIEF

NOMINEE NAME: _____ CATEGORY: _____

COMMENTS/PERTINENT INFORMATION: _____

NOMINATION: BECAUSE OF THIS STUDENT'S EXCEPTIONAL ACHIEVEMENT IN THE CATEGORY NOTED ABOVE, AND BECAUSE OF HIGH AMBITIONS OF FURTHER ACHIEVEMENT AND CONTRIBUTION TO SOCIETY IN THIS CATEGORY, AND BECAUSE OF ADMIRABLE CHARACTER TRAITS AND DCONTRIBUTION TO BOTH SCHOOL AND COMMUNITY BY THIS STUDENT, WE HEREWITH NOMINATE HIM/HER AS AN OUTSTANDING STUDENT ACHIEVER FOR YOUTH APPRECIATION WEEK.

CATEGORY TEACHER: _____ (SIGN)

CLASS: _____ YR. _____

ADVISORY/TEACHER COMMENTS: _____

ADVOSR/TEACHER: _____ (SIGN)

DATE: _____ (PLEASE HAVE TEACHER & ADVISOR/COUNSELOR SIGN)
(MM/DD/YY)