

**2009 OUTSTANDING YOUTH OF THE YEAR
AWARDS PROGRAM**

Sponsored by the Gloucester County Youth Commission with support
from the Abingdon Ruritan Club

AWARD NOMINATION APPLICATION

DATE: _____

NAME OF TEEN NOMINATED: _____

MAILING
ADDRESS: _____

E-MAIL ADDRESS (if known): _____

PHONE: _____ AGE: _____ GENDER: F / M

SCHOOL ATTENDING: _____ GRADE: _____

PARENT(s) or GUARDIAN(s)
First and Last Name(s): _____

AWARD CRITERIA: Nominees must be Gloucester County residents, age 13-18, who have demonstrated attributes in at least one of the following categories:

- 1. COMMUNITY SERVICE - an understanding of people's problems and needs and extending oneself through volunteer and community service to address a specific problem or need.**
- 2. COURAGE / BRAVERY - may be interpreted in the traditional sense of rescue or an act of bravery or as striving to overcome an obstacle such as a disability or difficult situation.**
- 3. SPECIAL ACHIEVEMENTS / ACCOMPLISHMENTS - encompasses academic and non-academic awards, honors, special activities and significant involvement in school or community organizations.**

AWARD DESCRIPTION: It is very important to be specific and provide details, details, details! On a separate sheet of paper, please type or print your explanation and justification as to why this young person should be selected as an Outstanding Youth by describing **SPECIFIC EXAMPLES** of accomplishments and achievements of the nominee in any of the above areas. Please don't just provide a listing -- enhance your listing with **brief narratives** and **personal comments**. Each year, several nominees are unable to be considered because their supporting information is limited. Please attach supporting information (personal observations or recommendations, summary of special activities or achievements, and awards and honors, description of specific volunteer activities, leadership skills, and/or performance of an unusual accomplishment.

(Very Important!!!)

**NAME OF
NOMINATOR:** _____

MAILING
ADDRESS: _____

PHONE: (DAY) _____ (EVE) _____

E-MAIL ADDRESS: _____

RELATION OF NOMINATOR TO NOMINEE: _____

LIST THREE (3) PEOPLE FAMILIAR WITH THE ACCOMPLISHMENTS
OF THE NOMINEE:

NAME: _____ PHONE _____

E-MAIL: _____

NAME: _____ PHONE _____

E-MAIL: _____

NAME: _____ PHONE _____

E-MAIL: _____

**ALL NOMINATIONS MUST BE RETURNED BY April 22, 2009 TO:
GLOUCESTER COMMUNITY EDUCATION
P.O. BOX 1306
GLOUCESTER, VA. 23061
or fax to: 693-0509**

For more information contact Christi Lewis at 693-5730 or
clewis@gloucesterva.info