



Youth Award Recognition

Nominee:		
First Name	Middle Initial	Last Name
School:	Grade Level:	Mobile Phone:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	Address:	Email Address:
Person Nominating:		
First Name	Last Name	Relation to the nominee: (mother, father, teacher, etc.)
Mobile Phone:	Email Address:	Organization/Title:
Award Categories: (Select the award category the youth is being nominated for)		
<input type="checkbox"/> Innovator Award - recognizes youth who have shown excellence in the fields of math and science through research, study, or improvement in their community.	<input type="checkbox"/> Beyond the View - recognizes youth who have different accommodations and needs that should be viewed just as normally as anyone else.	<input type="checkbox"/> Humanitarian Award - recognizes youth who have put forth efforts to make their community a better place or are active in local or state government.
<input type="checkbox"/> Visionary Award - recognizes youth who have turned creativity and knowledge into an entrepreneurial or economic venture.	<input type="checkbox"/> Role Model Award - recognizes youth who lend a helping hand to peers and younger youth in their community.	<input type="checkbox"/> Student Athlete Award - recognizes students who show excellence in the classroom through behavior and maintaining grades while also being an athlete.
To the Nominator: Please comment on any aspect of the applicant's background, experiences, community involvement, and leadership ability based on the category the youth is being nominated for that will help the review committee evaluate this individual. Please include a letter of recommendation.		
Why are you nominating this individual?		

Why should this nominee be selected?

Please list any extracurricular activities that the nominee participates in (volunteer, work, sports, church, etc.)

Is there anything else about this nominee that ACCG should take into consideration?

I HAVE COMPLETED THIS FORM TO THE BEST OF MY ABILITY. I, IN NO WAY, HAVE FALSIFIED INFORMATION OR MISREPRESENTED THE ABOVE AWARD NOMINEE.

Nominator Signature _____ Date _____

All Nominations must be received no later than **DATE.**

Mail completed nomination form and letter of recommendation to:

City Manager's Office,
100 North US Hwy 1
Fort Pierce, FL 34950.

You can also send the completed nomination form and letter of recommendation by email to:

citymanager_dl@cityoffortpierce.com.

Please call 772-467-3184 if you have any questions.