**Madison Heights Community Coalition**

300 West 13 Mile Road

Madison Heights, MI 48071

248.837.2665

mhcfc@madison-heights.org

**Madison Heights**

**Youth Assistance**

31201 Dorchester Avenue

Madison Heights, MI 48071

248.589.6860

**YOUTH RECOGNITION AWARD**

**NOMINATION FORM – 2019**

**Please fill in ALL shaded areas.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NOMINEE’S NAME | Enter first and last name. | GENDER | MALE |[ ]  FEMALE |[ ]
| IF NAME IS DIFFICULT TO PRONOUNCE, HOW IS THE NAME PRONOUNCED? | Enter pronunciation. |
| ADDRESS | Enter address. | CITY | Enter city. | ZIP | Enter zip. |
| SCHOOL | Enter school. | GRADE | Select grade. | PHONE | Enter phone number. |
| PARENT/GUARDIAN NAMES | Enter first and last names. |
| EMAIL ADDRESS | **Enter email address of parent/guardian.** |

**THE FOLLOWING INFORMATION MAY BE SHARED IN THE YOUTH RECOGNITION PROGRAM AS WRITTEN BY THE NOMINATOR.**

**DESCRIPTION OF NOMINEE’S ACCOMPLISHMENTS AND/OR SPECIAL ACHIEVEMENTS**

Please be as specific as possible.

Organization where volunteer work is or was performed: **Enter organization**.

Describe volunteer service/task performed at organization: **Enter volunteer service.**

**NOMINATOR’S INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NOMINATOR’S NAME | Enter name. | TITLE | Enter title. |
| NOMINATOR’S ORGANIZATION/SCHOOL | Enter organization/school. |
| NOMINATOR’S ADDRESS | Enter address. | CITY | **Enter city.** | ZIP | **Enter zip.** |
| NOMINATOR’S PHONE # |  | NOMINATOR’S EMAIL ADDRESS |  |

**\*\*\*\*\*NOMINATIONS MUST BE RECEIVED BY MARCH 29, 2019\*\*\*\*\***

Send nominations to:  **Madison Heights Community Coalition**

 **300 West Thirteen Mile Road**

 **Madison Heights, MI 48071**

Or email to:**mhcc@madison-heights.org**

Questions: Kimberly Heisler, 248-837-2665

 Deb Lindsey, 248-589-6860