**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**

**STUDENT RECOGNITION FORM – 2020**

**Please fill in ALL shaded areas.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STUDENT’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.** |

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

Please limit description to 55 words or less. Any description more than 55 words will be eliminated from the program. Please note, the following information will be printed in the 2020 Youth Recognition Program **AS WRITTEN BELOW.**

**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 31, 2020\*\*\*\*\***

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