## Madison Heights Youth Assistance

31201 Dorchester Avenue Madison Heights, MI 48071 248.589.6860





## Madison Heights Community Coalition

300 West 13 Mile Road Madison Heights, MI 48071 248.837.2665

mhcfc@madison-heights.org

## YOUTH RECOGNITION AWARD STUDENT RECOGNITION FORM - 2020

## Please fill in ALL shaded areas.

UDENT'S LEGAL NAME		GENDER	MALE	FEMAL	E	
IF NAME IS DIFFICULT TO PRONOUNCE, HOW IS THE NAME PRONOUNCED?						
ADDRESS	CITY		ZIP			
SCHOOL	GRADE PHO		PHONE	ONE		
PARENT/GUARDIAN NAME						
EMAIL ADDRESS (Preferred for advance notice of invitation.)						
Please limit description to 55 words or less. A eliminated from the program. Please note, the Recognition Program AS WRITTEN below.	Any description	on more t	han 55 wo	ords will be		

NOMINATOR'S INFORMATION					
NOMINATOR'S NAME	TITLE				
NOMINATOR'S ORGANIZATION/SCHOOL					
NOMINATOR'S ADDRESS	CITY	ZIP			
NOMINATOR'S PHONE #	NOMINATOR'S EMAIL ADDRESS				
****FORMS MUST BE RECEIVED BY MARCH 31, 2020****					
Send recognition forms to: N	Aadison Heights Community Co	nalition			

Send recognition forms to: Madison Heights Community Coalition

300 West Thirteen Mile Road Madison Heights, MI 48071

Or email to: <a href="mailto:mhcc@madison-heights.org">mhcc@madison-heights.org</a>

Questions: Kimberly Heisler, 248-837-2665

Deb Lindsey, 248-589-6860