

FCSLA 2019 YOUTH OF THE YEAR



The Youth Recognition Award is for Honoring the Spirit of Service by an individual youth within FCSLA.

There are countless young FCSLA members who participate in many service projects in their branch, church, school or community. They are individuals who stand out in a crowd because of their achievements and leadership. This is your opportunity to nominate an outstanding young member from your Junior or Senior Branch.

GUIDELINES

- ◇ Nominee must be an FCSLA member for at least three years.
- ◇ A nominee must be between the **ages of 6-22 years**. (Received date will determine the age eligibility.)
- ◇ All family members of the Home Office Staff and National Officers are eligible to be nominated.
- ◇ Previous recipients of this award will not be considered, but previous nominees who did not receive the award are eligible to be nominated.
- ◇ Service projects / volunteerism must be between June 1, 2018 through May 1, 2019.
- ◇ On a separate sheet of paper, **TYPED** or **PRINTED** describe in 500 words or less what the individual has done to deserve being nominated for this award. His/Her leadership *and/or* service to others in their **branch**, church, school *and/or* community.
- ◇ Include if they have pets, siblings or other activities they enjoy.
- ◇ Deadline for Entries is **May 3, 2019**.
- ◇ A head and shoulders photo of nominee should be included at time of entry.
- ◇ The winner receives a Star Award, \$100.00, will be featured in an issue of our Fraternally Yours Magazine and on our website and Facebook page.
- ◇ An independent committee will select the winner. Remember it is their quality of service that determines the winner not quantity of nominations sent in.
- ◇ You may print this form off of our website www.fcsla.org.
- ◇ If you have any questions please call Kelly at 1.800.464.4642 EXT 1051 or Email: kelly@fcsla.org

2019 FCSLA Youth of the Year Nomination Form

PLEASE PRINT!

Nominee's Name: _____

FCSLA Branch # : _____ Date of Birth: _____

Home Address: _____

Name of School / College / University: _____

Parent (s) Name(s): _____

Phone #: _____ Parents E-Mail Address: _____

PLEASE PRINT!

Name of Nominator: _____ FCSLA Branch #: _____ Phone #: _____

Signature of Nominator: _____ E-Mail: _____

Your Relation to nominee: _____

**Mail to: Kelly M. Shedlock, Fraternal & Youth Director, FCSLA, 24950 Chagrin Blvd., Beachwood, OH 44122
OR E-mail: kelly@fcsla.org**

