



# Williamsville PTSA Council

## Service to Youth Awards Nomination 2020

**DUE DATE FOR COMPLETED NOMINATION PACKETS IS MONDAY, March 2, 2020**

Data should be gathered **CONFIDENTIALLY** so that the individual is not aware they are being nominated.  
Self-nominations are not permitted. **All Entries must be typed**

School: \_\_\_\_\_

Category (Please check one):

\_\_\_\_\_ Professional                      \_\_\_\_\_ Support Staff                      \_\_\_\_\_ Volunteer

**Fields marked with an asterisk \* are REQUIRED.**

**1. PERSONAL**

- \*Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_
- \*Address: \_\_\_\_\_ \*E-mail: \_\_\_\_\_
- \*Number of Years of Service to the District: \_\_\_\_\_

**2. EMPLOYMENT/VOLUNTEER INFORMATION:**

- \*Current Position: \_\_\_\_\_
- Previous Positions (where applicable to nomination): \_\_\_\_\_

**3. OPTIONAL INFORMATION:**

- a. Spouse's Name \_\_\_\_\_
- b. Children's names & Ages \_\_\_\_\_

**4. Please attach the following:**

- a. List (bullet points) of nominee's involvement in relevant committees, events and organizations showing sustained and extraordinary service to the youth of the Williamsville School District via school and youth related community activities (religious groups, scouts, youth sports etc.) in a manner that is **above and beyond all expectations**. Note dates and positions held. Include any past awards and honors, related to youth activities, if applicable.
- b. SUMMARY STATEMENT – (to be written by the nominator)  
Describe in 300 words or less why this person has been nominated for the Service to Youth Award. (Summaries over 300 words will be truncated.)
- c. PERSONAL REFERENCES  
Up to three letters, TYPED, ONE PAGE, ONE SIDE.

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**5. SIGNATURES** – An application without ALL of the required signatures will be eliminated from the award process.

**Nominator: (Print)** \_\_\_\_\_

**Phone:**

**E-mail:** \_\_\_\_\_

*I acknowledge that this nomination will be considered for an award both this year and next year provided the nominee still works/volunteers at the school.*

*THIS INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.*

**Nominator Signature:** \_\_\_\_\_

**PTA/PTSA President or Vice President Signature**

\_\_\_\_\_

**School Principal or Assistant Principal Signature**

\_\_\_\_\_

**Service to Youth Representative Signature**

\_\_\_\_\_

**Date Submitted:** \_\_\_\_\_



*everychild.onevoice.*